



County Borough of Derby.

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# ANNUAL REPORTS

OF THE

MEDICAL OFFICER OF HEALTH

AND

CHIEF SCHOOL MEDICAL OFFICER

FOR THE

**YEAR 1936,**


BY

GORDON LILICO, M.B., Ch.B., D.P.H.

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---

Dr. M. Downey terminated his duties on 15th August, 1936.

Dr. J. A. C. Thompson terminated his duties on 16th May, 1936.





PUBLIC HEALTH DEPARTMENT,  
1, DERWENT STREET,  
DERBY.

*May, 1937.*

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH AND  
EDUCATION COMMITTEES.

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LADIES AND GENTLEMEN,

I have to present to you my annual report on the Health of Derby for 1936, and in doing so have to commence with an apology. No comment is made in the vital statistics because no returns have yet been received from the Registrar-General. Year after year the Ministry of Health complain that the report is not in their hands at an early date.

This report was completed at the end of March; it is now May and we can only hope that the figures are received before the printers have finished their work—even so that would be too late a date for the preparation of reasonable comment.

**Mortuary.** For many years the premises used as a mortuary have been of a most obnoxious character, but now all that has come to an end. Within the curtilage of the new police buildings a structure has been erected as a mortuary, and the conditions under which various officials now have to work are completely changed. It should be noted that during the year the number of admissions and also the number of post-mortem examinations have been double that of the previous year. At the end of the year the upkeep, etc of the mortuary was placed in the hands of the Watch Committee.

**Violent Deaths.** One both reads and hears a great deal about the “toll of the roads” and how necessary it is that all these deaths should be prevented. Will this rate ever be materially reduced. My own feeling is that it will not, in spite of all kinds of legislation and consequent penalties. My reason for this statement is that we have just as many fatal accidents in the home (where there is no traffic) as there are in the street and you will never overcome the human error.

The conclusion which we are entitled to draw from the table of violent deaths is that the safest place appears to be at “work”, no matter what the occupation may be.

**Maternal Welfare.** We have had brought to the notice of the public through the work of the Borough Coroner, the existence of abortion mongers in the town. That this practice has been going on for a considerable time we are well aware, but the difficulty of counteracting it has been the problem. Mr. Bishop, by utilising the authority of his office to the utmost, has given us considerable assistance in this respect, and he has determined to have a thorough investigation into every maternal death. Up to the end of the year, two women were taken to court, convicted and sent to prison. This action should act

as a deterrent to other practitioners, but it is doubtful if it will prevent or lessen the practice of self abortion ; in fact it may tend to increase it and so make the last position worse than the first. A woman can buy articles and drugs quite legally over a shop counter, and by direct or indirect use of these may either poison herself or produce a peritonitis. If she lives, nothing more is heard about it, and if she dies, the only person to blame is herself. The system will continue as long as we are faced with the problems of the unwanted child and the legalisation of abortion.

**Child Welfare.** With all the changes that are taking place in modern life, we must be prepared to recognise changes in some of our ideals regarding the care of the infant. It was the exception in the Victorian era for any infant to be brought up on any food except human milk. The mother generally fed her own child and when that source was deficient, a wet nurse was utilised. With the introduction of artificial foods and, since the war, the various brands of dried cows-milk which have flooded the market, there is a growing percentage of infants who are being taken off the breast at an early age and have an artificial diet instead. One was always taught that the substitution of the artificial for the real, was wrong, and that everything possible should be done to continue and improve a breast supply, as it was obviously in the interest of the infant that it should have its natural food.

I have reached the stage when I question very much if there is any material advantage in keeping an infant on the breast.

It may be said that it is silly to suggest buying milk when the real thing is available, especially in the case of a woman with a very low income. If a woman is living on a low income, it is doubtful if the intake of food is of a quality and quantity to produce a satisfactory milk, and yet maintain good health herself, whereas with the milk schemes which are in practice throughout the country, she can obtain a good dried milk at little or no additional cost.

Further, I believe that fewer dietetic troubles occur in the artificially fed babies because there is less likelihood of overfeeding and irregular feeding and there is greater control of the diet. I have not seen any recent evidence to suggest that the artificially fed child is more prone to disease or more likely to succumb to disease than his naturally fed brother, neither do I think that he is responsible for the large number of rejects found amongst recruits to the national services.

Finally, so far as the mother herself is concerned, I think it is to her advantage that she should not feed her child. The whole action of feeding acts as a drain on her resources and curtails her activities over a long period, and certainly does not encourage her to increase the number of her family.

These remarks will be considered in many quarters to be all wrong, possibly so, but I'm not prepared to accept the text book as being all right

**School Medical Work.** It is with the deepest regret that we have to record the death of two members of the Children's Care Committee.

Alderman Wilkins for many years was Chairman of the Committee and held that position at the time of his death. His interest in the well-being and education of the young was very great, and many of the present institutions owe their inception to his foresight. He was continually evolving



schemes for the betterment of the school child, and once his mind was made up on a point, his persistence was unbounded. Whether we agreed with him or not, it was impossible to do other than admire his spirit.

Mr. Stokes too, served for many years on the Children's Care Committee principally as a Councillor, but latterly as a Co-opted Member. He looked younger than his years and his death came as a surprise to his acquaintances. He held strong views on questions relating to juvenile employment and was keenly interested in the young.

The Committee will miss the active part played by these two gentlemen.

It is pleasing to be able to report that the orthoptic clinic, about which so much has been heard, both in and out of committee, has at last got going. It may be remembered that the original idea was to have the clinic at Temple House, and this was agreed to by the Committee, but we were held up owing to the difficulty in obtaining a satisfactory trainer. Meanwhile the Derbyshire Royal Infirmary, who were aware of our plans, suggested that the clinic should be set up there. The suggestion was very carefully considered and was finally agreed to, principally on the grounds that in many cases operative treatment would also be required, and, therefore, it was in the best interest of the patient that conveyance by ambulance to and from the clinic should be obviated. To any sensitive person the possession of a squint must be a great calamity, and if this new clinic lives up to its reputation, the Education Committee should be blessed by a very large number of future citizens for introducing this form of treatment to Derby.

Although the Committee are well to the fore in the majority of their efforts, one cannot help noting that very little progress seems to be made in the provision of educational facilities for delicate children.

Good school buildings are now provided for the healthy and an efficient medical service keeps a check on their health, but there are a certain number of children who, for various reasons, make frequent and prolonged absences from school. On the one hand they will either be coddled or neglected at home because of their ill health, while on the other, they are having a very chequered educational career.

It is true that an open-air class has been in existence at Sinfin for a couple of years, but apart from its experimental value, it is only playing with the subject.

The number of children it is possible to accommodate in such a class is very limited (under 30) and it must be difficult for the teacher to give the necessary instruction to the various age groups.

That the standard of health amongst the children attending the class has been raised, there can be no shadow of doubt, and I would suggest that members of the Committee should visit the premises and obtain first hand information. If they are satisfied with its utility as a means towards better health I would ask them to consider seriously the erection of an open air school. With such a school in existence there is no reason why the whole gamut under the heading of delicate children should not be dealt with at one time and in one building. The question of the provision of treatment for children suffering from Myopia is under consideration, and "rheumatics" too must also be noted, and it would be a pity if these delicate children could not be considered as a class instead of as individual units.

In view of the amount of space given to national fitness in the press and elsewhere, I would draw your attention to the report by Mr. Mountford, Organiser of Physical Training. Therein you will find what is actually going on in the schools and the progress that is taking place in adult training. In his conclusion, Mr. Mountford makes some very pertinent remarks which are worthy of serious consideration. To my mind it is more important that the modern generation should be taught how to play the game than that they should know the distance from the earth to the sun. A good sportsman gives and expects fair play; he won't hit a man when he is down, neither will he himself be content to sit in the gutter.

In round figures there are 20,000 school attenders and of these 2,000 receive free milk.

9,000 pay for their milk and the remaining 9,000 get nothing at all. I wonder why these 9,000 don't have milk. It can't be because they don't like it to such an extent that it causes nausea. It is true that there have been some lapses in the way the milk has been delivered, but considering the large number of bottles which exchange hands throughout the year, the number of lapses are very small and certainly not sufficient to turn 9,000 children off milk. Do the children object to milk in the same sense as they object to having their ears and neck washed, or don't the parents care whether they have it or not?

How many of those 9,000 children would have milk if it were given free, and is it not about time that the dose of milk was given free, since it has been proved to be a benefit to the growing child. Whatever the answer to these questions may be I'm not satisfied with a scheme which is only being utilised by half the school population.

In a preface such as this, it is only possible to mention a few points and I would recommend a closer study of the material provided by Dr. Morrison, which is set out in the body of the report.

**Infectious Diseases.** 1936 has been practically a repetition of 1929-30 as regards infectious diseases. The epidemic of scarlet which started in the back-end of 1935, continued throughout the year and covered over 1,000 cases. It has been written up by Dr. Haigh who is in charge of that department, and to those who are interested in the why's and wherefore's of things I would strongly commend his full and thoughtful report which is included under Chapter IV. (Prevalence of and control over infectious diseases.).

A study of his report is bound to impress upon the reader's mind the fact that time after time he records that the spread of the infection was passed from one part of the town to another by the agency of the picture house. In this way we are faced with another public health problem which has arisen since the war period, and how is it to be met? How many years must elapse before it becomes a punishable offence for an idiotic parent to allow an ailing child to attend a picture house or other assembly where other children are present. Legally a person can be prosecuted for knowingly exposing a case of infectious disease, but in the majority of these diseases, liability to infect others takes place before the appearance of rashes. No child with a cold or sore throat or who is in any way out of sorts should be allowed to attend these functions.

On the other side of the problem we have the picture houses themselves.



Is it right that a building should be allowed to be continuously occupied by people from 2 p.m. to 10.30 p.m. and sometimes in the mornings as well? Can the place be properly cleansed and ventilated in the meantime, and if it can, is it? I doubt it. It is customary in many of the picture halls for attendants to distribute a fine liquid spray by atomisers in various parts of the hall. Apart from the fact that a sweet scent displaces an odour of humanity, I do not think it is of any public health value whatsoever.

## HOSPITALS.

(a) **Isolation Hospital.** It is a long time since we have had such a busy year at this institution. It so happened that the cycles of several of the epidemic diseases coincided, with the result that the summer months had practically gone before the slack period came into evidence. The result of this was that several alterations which had been passed by the Committee had to be held over, as it was impossible to vacate wards for any length of time.

Throughout this spell the advantage of the cubicle block has again been demonstrated. Any additions to the hospital in the future should be on the same principle because it is becoming more and more evident that the cubicle system is the most satisfactory method of dealing with infectious disease treatment.

(b) **Sanatorium.** The Committee are thoroughly dissatisfied with the conditions under which we are treating patients for tuberculosis, so much so that it was decided to rebuild the sanatorium, the male portion to be done in 1936 and the female in 1937. Plans were completed for the male portion when the Ministry decided that they were unsatisfactory. The site, it is admitted, is a difficult one for building purposes, but in addition to that it was considered that provision should be made for a treatment block complete with X-Ray apparatus. The nett result is that nothing has yet been done and nothing has been allowed in this year's capital estimates. In the meantime the Committee will have to reconsider their policy and make preparations for next year's budget.

(c) **City Hospital.** Year by year we find that this institution is being more and more utilised as a general hospital. The numbers of admissions have increased from 2,000 in 1931 to 3,300 this last year, and the treatments in various departments have in most cases more than doubled in number. The greatest increase is shown under births which have risen from 155 to 588, and that figure is about our maximum capacity.

The voucher scheme which is in force now, covers the employees and dependents of all the big works in the town, so that it is as easy for them to gain admission to the municipal hospital as to any other institution and they have no further payment to make. At present we have no waiting list but that happy position cannot be expected to be permanent as we are finding that at certain periods of the year, accommodation is being taxed to its utmost.

There is still a large number of people who are not yet in a position to avail themselves of a voucher scheme—those in small shops and offices, domestic servants and so on, and something will have to be done in the near future to cover this ground.

At the close of the year, plans were in preparation for the building of an additional wing on to the nurses' home. We are still cramped in that respect and considerable difficulties were encountered during the influenzal epidemic for housing the nursing staff of the hospital.

The new mortuary has been opened and the old one is being converted into a garage and mess rooms for the outdoor male staff. The cottage near the entrance gates is now occupied by one of the ambulance drivers, so that all the ambulance drivers are in residence at one or other of the hospitals.

**Food Inspections.** It may be noted that there has been a very large increase in the number of cows slaughtered under the tuberculosis order (1936—139, 1935—44), and as the majority of these animals were giving milk which came in for Derby consumption, it indicates that the county authorities are making a bolder effort to eradicate tuberculosis from the farms.

About the beasts found to be suffering from tuberculosis in the normal process of slaughter I am not too happy. The proportion of the carcase condemned depends on the extent of the disease and is according to the standard laid down.

Is such procedure in the best interests of health? I'm not sure that it is. If a beast has a 'localised' infection, that part of the carcase is removed and the glands which drain the area. The remainder is passed as fit for food. It is assumed that tuberculosis can be localised and any bacilli which have strayed out of the locality will be destroyed by the heat of cooking. If one accepts all these assumptions it still makes one wonder if the butcher is entitled to sell the remainder as first-class meat, and how much would the public buy if they were aware that it came from a tubercle infected carcase.

\* \* \* \*

Lavatory accommodation as part of licensed houses has very often in the past been a cause of trouble.

A happy solution for the abatement of this nuisance has been brought about due to the greater interest taken by the licensing magistrates in this respect. It is an instance of the amount of help which can be obtained by a health department from an enlightened Bench and it is all to the public good.

**Overcrowding Act.** This act was introduced with the object of :—

- (1) ascertaining the amount of overcrowding which existed in the town.
- (2) getting rid of that overcrowding, and
- (3) preventing overcrowding in the future.

The ascertainment cost the town about £1,500 and showed that according to the standard of the act, less than 400 houses were overcrowded. The overcrowded families will be relieved either by the provision of new houses or by exchanges of dwellings.

So far as prevention of overcrowding in the future is concerned I don't think the act will materially help. How are we to find out if overcrowding is taking place? It can only be done by means of yearly inspection or by accidentally coming across such cases. To carry out annual inspections means a considerable permanent addition to the staff for that purpose alone, which would be expensive and I doubt if the results would warrant the ex-



pense. Personally I think that with the steady annual progress of slum clearance, the position would have righted itself and with an adequate supply of houses, flagrant cases could have been suitably dealt with under existing powers.

\* \* \* \*

**Conclusion.** If the amount of employment in a town is in any way an indicator of its health, then Derby must have had a healthy year. The amount of work available has increased considerably during the period under review and that means a greater spending power for the people. Work means exercise and money and these in their turn improve the mental and physical outlook. Wise spending gives satisfaction to the buyer and the seller ; foolish spending is a mug's game and may cause damage to the population at large. Under the heading of wise spending I would include giving an extra dose of fruit and sweets to the youngsters and the wherewithal to indulge in sports and hobbies of interest. On the foolish side there should most certainly be included the spending which enables children or grown ups to attend cinemas either when there are epidemics about or when one of the party is in any way out of sorts. We have had evidence of what this may lead to during the past year and we must be prepared to have it repeated in the future.

Bad advice in business may mean the difference of profit and loss, and there may be an opportunity to profit by mistakes. Bad advice in the matter of health may mean the difference of life and death, and you cannot replace damaged tissue.

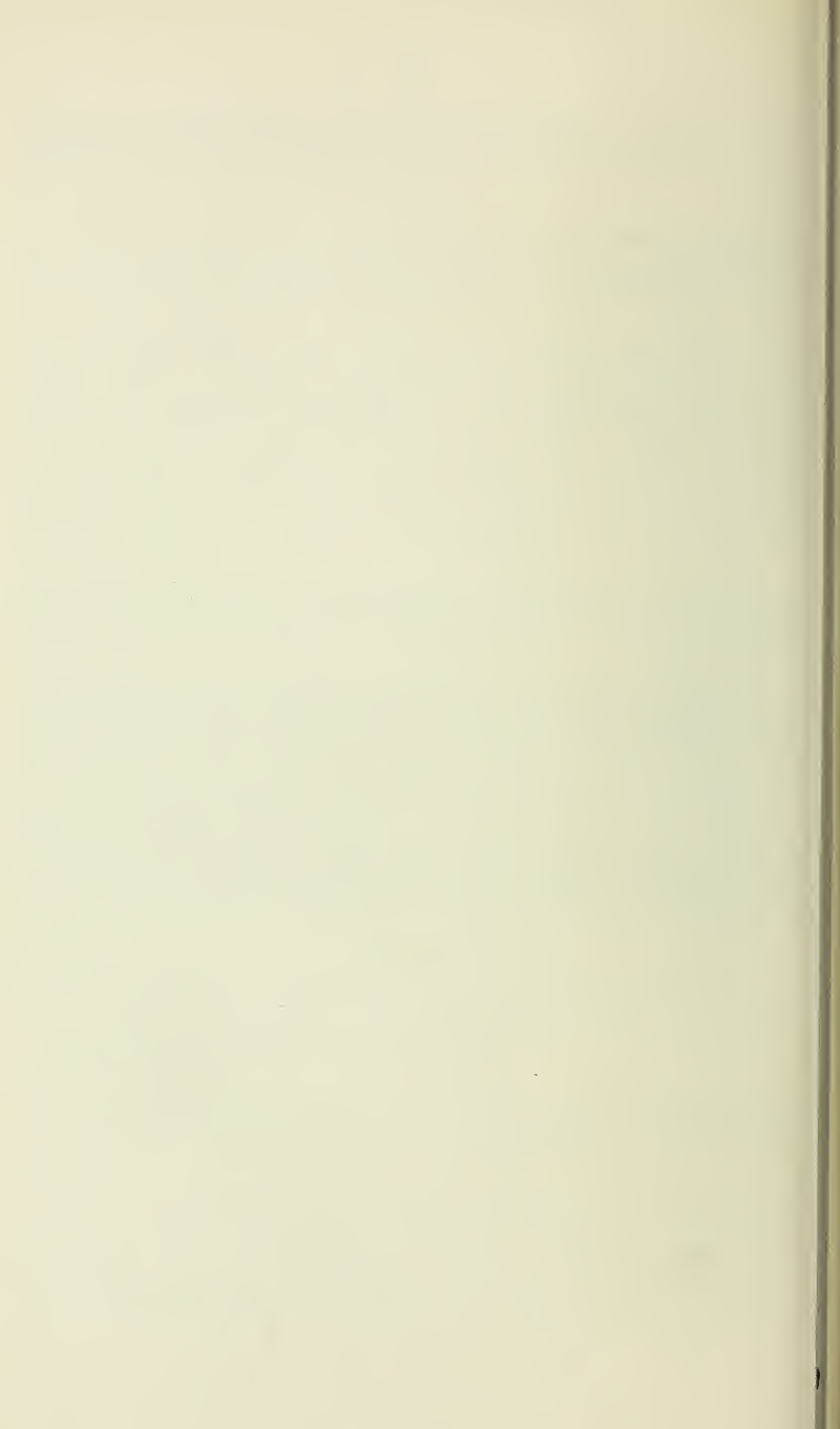
There is very little difference between the taking of bad advice and the delay in taking good advice. It is a very easy thing to say "I will have my child immunised against diphtheria next year when he goes to school." There may not be a next year for that youngster and many a parent in Derby has had cause to regret such procrastination. Street accidents may be preventable, but lots of our deaths of youngsters from infectious diseases could be prevented if only advice were taken, and that without delay. Some day the people of this country will seek good health as eagerly as the peoples in the colonies and dominions, but until they do we cannot expect any semblance of a Utopia on this earth or anything approaching that ideal state.

I am,

Ladies and Gentlemen,

Your obedient servant,

GORDON LILICO.



# HEALTH REPORT

1936.

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## I--GENERAL.

INCLUDING REPORTS

BY

MR. E. H. BENNETT, M.Inst., M. & Cy.E., Borough Surveyor,

AND

MR. ALBERT CONNOR, M.I.P.C., Director of Public Cleansing and  
Transport Manager.



## STATISTICAL SUMMARY.

Area of Borough ... ..	8,133 Acres.
Elevation above sea level—	<div> <div>highest, Burton Road ... 325 ft.</div> <div>lowest, Alvaston Ward... 126 ft.</div> <div>Market Place ... 157 ft.</div> </div>
Population at Census, 1931 ... ..	<div> <div>Males ... 68,893</div> <div>Females ... 73,510</div> </div> 142,403
Estimated Population for 1936 ... ..	140,300
Number of Houses (1931 Census) ... ..	34,875
„ Inhabited Houses at end of 1936 (according to Rate Books) ... ..	37,718
No. of Uninhabited Houses at end of 1936 (according to Rate Books, incl. prop. scheduled for demolition) ... ..	approx. 300
Number of Families or separate Occupiers (Census 1931) ... ..	35,949
Number of persons per acre at Census, 1921... ..	24·6
„ „ „ 1931... ..	20·0
Number of persons per House at Census, 1921 ... ..	4·55
„ „ „ 1931 ... ..	3·97
Rateable Value of the Borough (General Rate) ... ..	£928,781
Estimated amount realised by a Penny Rate ... ..	£3,625

### 1936.

									Rate per thousand population.
Marriages	...	...	...	...	1,312	...	...	...	18·7
			Total.	Males.	Females.				
Live Births, legitimate		1,924		978	946		Birth-rate	...	14·4
illegitimate		103		55	48				
Births (notified)	...	1,991		—	—				
Still Births	...	90		53	37		Rate per 1,000 total births		42·5
Deaths	...	1,684		879	805		Death rate	...	12·0
Death Rate adjusted by the Comparability Factor (1·04) supplied by the Registrar General									
	...	...	...	...	...	...	...	...	12·5
Percentage of Total Deaths occurring in Public Institutions									
	...	...	...	...	...	...	...	...	50·8
Excess of Births registered over Deaths									
	...	...	...	...	...	...	...	...	343
Deaths from Puerperal Causes—									
				Deaths.			Rate per 1,000 total (live and still) births.		
	Puerperal Sepsis	...	...	4	...	...	...	...	1·89
	Other Puerperal Causes		...	5	...	...	...	...	2·36
				—					—
	Total	...	...	...	9	...	...	...	4·25
Deaths of Infants under one year of age—									
	Legitimate, 117.		Illegitimate, 8.		Total, 125.				
Death Rate of infants under one year of age per 1,000 live births—									
	Legitimate, 57·7.		Illegitimate, 77·7.		Total, 61·7.				
Deaths from Measles (all ages)									
	...	...	...	...	...	...	...	...	3
	„ Whooping Cough (all ages)		...	...	...	...	...	...	8
	„ Diarrhœa (under 2 years of age)		...	...	...	...	...	...	8

**BIRTHS.**

Birth-rate, 1936 ... .. 14.4

The Births registered during the year numbered 2,654, as compared with 2,551 in 1935; of these 2,654 births, 652 were strangers, and there were 25 births of Derby babies registered outside the Borough, making a net total of 2,027. The corrected birth-rate was, therefore, 14.4.

**DEATHS.**

	Rate per 1,000 population.
Zymotic Diseases ... ..	32 0.23
Tuberculosis of Respiratory System ... ..	80 0.57
Other Tuberculous Diseases ... ..	14 0.1
Respiratory Diseases ... ..	136 1.0

DEATH RATES :—	Rate per 1,000 population.
England and Wales ... ..	12.1
122 County Boroughs and great towns (including London) ...	12.3
143 smaller towns (Resident Populations, 25,000—50,000 at Census, 1931) ... ..	11.5
London Administrative County ... ..	12.5

**DEATHS.**

Death-rate, 1936 ... .. 12.0

The total number of Deaths registered during the year was 1,986 as compared with 1,993 in 1935; of these 1,986 deaths, 325 were strangers, and there were 23 deaths of Derby residents registered outside the Borough, making a net total of 1,684. The net death-rate, therefore, from all causes was 12.0. The death-rate adjusted by the Comparability Factor (1.04) supplied by the Registrar General being 12.5.

The following analysis shows the distribution of deaths to ages of the Derby residents :—

Under 1 year ... ..	125
1 and under 5 years ... ..	31
5 and under 45 years ... ..	232
45 and under 65 years ... ..	465
65 and over ... ..	831
Total ... ..	1,684

**BURIALS.**

The total burials in the Derby Cemeteries for the year 1936 was 1,782, made up as follows :—

1,652 Ordinary Burials.
130 Still-born.
1,782

**Principal Causes of Death, 1936, COMPARISON WITH 1935.**

<i>Cause of Death.</i>	<i>Deaths in 1936.</i>	<i>Increase.</i>	<i>Decrease.</i>
Heart Disease ... ..	475	29	—
Cancer ... ..	216	20	—
Old Age ... ..	90	8	—
Cerebral Hæmorrhage ... ..	87	—	27
Other Circulatory Diseases ... ..	82	—	13
Violent Causes (including Suicide)	81	24	—
Respiratory Tuberculosis ... ..	80	5	—
*Prematurity etc. ... ..	74	—	13
Pneumonia ... ..	67	—	2
Bronchitis ... ..	52	10	—
Other Digestive Diseases... ..	32	—	1
Nephritis ... ..	26	—	15
Peptic Ulcer ... ..	21	8	—
Diabetes ... ..	17	—	2
Other Respiratory Diseases ... ..	17	3	—
Influenza ... ..	14	—	4
Other Tuberculous Diseases ... ..	14	1	—
Appendicitis ... ..	11	2	—
Diphtheria ... ..	10	—	9

\* Including Congenital Defects and Atrophy, Debility and Marasmus.

**Inquests held during 1936.**—These numbered 144—88 males and 56 females.

**Mortuary.**—Dead bodies received during the year, 84. Post mortem examinations, 107.

**Infantile Mortality.**—Of the 125 deaths of babies under the age of one year, 64 occurred during the first month, and of this number 78·1 per cent. (viz., 50) took place during the first week of life.

**Excessive Mortality during the year.**—Cancer was responsible for 216 deaths during 1936, this being an increase of 20 as compared with 196 in the previous year. The average mortality in the quinquennium 1912-16 was 119·4, while that of the quin-quennium 1932-36 was 198·8. Heart Disease shows an increase of 92 deaths over the yearly average for the preceding five years, and an increase of 29 as compared with 1935.

**DEATHS FROM VIOLENCE.**

	1936	1935.
Suicide ... ..	19	19
Other Forms of Violence ...	62	38

The following table gives a comparative summary of the Deaths from Other Forms of Violence during 1936 and 1935 :—



**Street Accidents.**

	1936.	1935.
Knocked down by Motor Traffic ... ..	15	9
Pedal Bicycle and Motor Vehicle Collisions ... ..	—	2
Collisions between Motor Vehicles, etc. ... ..	4	3
Thrown from Motor Vehicles ... ..	—	1
Thrown from Bicycle ... ..	1	—
Knocked down by Pedal Cyclist ... ..	1	1
Run over by horse-drawn dray ... ..	1	—

**Home Accidents.**

Gas Poisoning ... ..	1	—
Poisoning ... ..	1	—
Electrocuted ... ..	1	1
Burns, Scalds, etc. ... ..	4	1
Inattention at Birth (Accidental) ... ..	2	1
Under-nourished and Neglect ... ..	1	—
Falls, Fractures, etc. ... ..	10	8
Asphyxiation through Child turning with Mouth to Pillow ... ..	1	1
Asphyxia through House catching Fire ... ..	—	1
Asphyxia through Food becoming fixed in Throat ... ..	—	1
Drowning by Vomit ... ..	1	—
Aspiration of Stomach Contents into Lungs ... ..	1	—

**Railway Accidents.**

Overturning of Railway Engine ... ..	—	1
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<b>Drowning</b> ... ..	3	3
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**Accidents at Work.**

Fall from Ladder ... ..	—	1
Struck on head by piece of Metal ... ..	1	—
Fall from Scaffold ... ..	—	1
Killed by a Horse ... ..	—	1
Fall from Crane ... ..	1	—
Crushed whilst fixing Machinery ... ..	1	—

**Other Accidents.**

Falls, Fractures, etc. ... ..	8	—
Struck by Lightning ... ..	—	1
Foreign body in Larynx ... ..	1	—
Scalds ... ..	1	—
War Wounds ... ..	1	—

## Causes of, and Ages at Death, during 1936.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.													TOTAL DEATHS IN PUBLIC INSTITUTIONS	
	All Ages.	Under 1 year	1 & under 2 yrs.	2 & under 3 yrs.	3 & under 4 yrs.	4 & under 5 yrs.	5 & under 10 yrs.	10 & under 15 yrs.	15 & under 20 yrs.	20 & under 35 yrs.	35 & under 45 yrs.	45 & under 65 yrs.	65 & upwards.	Residents.	Non-Residents.
Typhoid and Paratyphoid Fevers ... ..	1	..	..	..	..	..	..	..	..	..	1	..	..	1	..
Measles ... ..	3	1	2	..	..	..	..	..	..	..	..	..	..	2	..
Scarlet Fever ... ..	2	1	..	..	..	..	..	1	..	..	..	..	..	1	..
Whooping Cough ... ..	8	5	1	..	..	1	1	..	..	..	..	..	..	6	1
Diphtheria ... ..	10	..	1	2	..	2	5	..	..	..	..	..	..	10	1
Influenza ... ..	14	..	..	..	..	..	..	..	..	2	1	8	3	8	..
Encephalitis Lethargica ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro Spinal Fever ... ..	2	1	..	..	..	..	1	..	..	..	..	..	..	2	1
Tuberculosis of Respiratory System ... ..	80	..	..	..	..	..	..	3	28	12	36	1	51	4	..
Other Tuberculous Diseases ... ..	14	1	..	..	..	..	2	5	2	2	1	1	13	9	..
Syphilis ... ..	6	..	..	..	..	..	..	..	..	1	4	1	4	1	..
General Paralysis of Insane, Tabes Dorsalis ... ..	5	..	..	..	..	..	..	..	1	..	3	1	5	..	..
Cancer, Malignant Disease ... ..	216	..	..	..	..	..	..	..	2	7	99	108	119	39	..
Diabetes ... ..	17	..	..	..	..	..	..	..	..	..	6	11	8	7	..
Cerebral Hæmorrhage, etc. ... ..	87	..	..	1	..	..	..	..	..	3	22	61	47	2	..
Heart Disease ... ..	475	..	..	..	..	..	..	5	11	12	122	325	151	12	..
Aneurysm ... ..	4	..	..	..	..	..	..	..	1	..	3	..	2	2	..
Other Circulatory Diseases ... ..	82	..	..	..	..	..	..	..	3	..	17	62	23	6	..
Bronchitis ... ..	52	3	1	..	..	..	..	..	1	..	15	32	8	1	..
Pneumonia (all forms) ... ..	67	13	3	1	1	..	1	1	2	8	4	21	12	44	10
Other Respiratory Diseases ... ..	17	..	..	..	..	..	1	1	..	1	1	5	8	7	3
Peptic Ulcer ... ..	21	..	..	..	..	..	..	..	..	3	4	7	7	14	16
Diarrhœa ... ..	9	8	..	..	..	..	..	..	..	..	1	..	8	7	..
Appendicitis ... ..	11	..	..	..	..	..	..	1	2	2	1	5	..	10	12
Cirrhosis of Liver ... ..	4	..	..	..	..	..	..	..	1	..	3	..	4	4	..
Other Diseases of Liver, etc. ... ..	8	1	..	..	..	..	1	..	..	..	1	5	5	5	..
Other Digestive Diseases... ..	31	2	..	..	1	..	..	..	2	2	1	7	16	23	15
Acute & Chronic Nephritis ... ..	26	..	..	..	..	..	..	1	..	1	4	7	13	12	12
Puerperal Sepsis ... ..	4	..	..	..	..	..	..	..	..	3	1	..	4	4	..
Other Puerperal Causes ... ..	5	..	..	..	..	..	..	..	..	2	2	1	3	6	..
Congenital Debility, Malformation, etc. and Premature Birth ... ..	75	74	1	..	..	..	..	..	..	..	..	..	45	34	..
Senility ... ..	90	..	..	..	..	..	..	..	..	..	1	89	67	1	..
Suicide ... ..	19	..	..	..	..	..	..	..	..	2	3	11	3	2	2
Other Violence ... ..	62	6	4	1	2	..	2	..	3	6	7	10	21	40	27
Other Defined Causes ... ..	155	9	4	..	2	..	8	3	4	14	11	48	52	105	65
Causes ill-defined or unknown ... ..	2	..	..	..	..	..	..	..	..	1	..	1	..	1	1
Totals ... ..	1684	125	17	51	6	3	22	13	23	97	77	465	831	855	310



Causes of Death.	Deaths in or belonging to localities (at all ages).																Totals	
	Total.	Abbey.	Alvaeton.	Arbor.	Bab.	Becket.	Bridge.	Castle.	Dale.	Derwent.	F. Gate.	K. Mead.	Litch.	Norman.	Osmas.	Pear Tree.		Rowditch.
Enteric Fever	1	1	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...
Measles	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Scarlet Fever	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Whooping Cough	8	...	...	1	...	1	2	2	...	3	1	1	...	...	1	...	1	1
Diphtheria	10	...	2	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Influenza	14	3	1	1	1	...	2	...	1	...	...	...	...	1	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Meningococcal Meningitis	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Respiratory System	80	1	8	4	5	2	3	6	2	5	2	12	8	4	9	5	4	4
Other Tuberculous Diseases	14	...	1	...	2	2	...	...	1	3	1	1	...	...	2	...	1	9
Syphilis	6	...	...	1	1	...	1	...	...	...	1	2	...	...	...	...	...	1
General Paralysis of Insane	5	1	1	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Cancer	216	14	17	8	16	7	15	13	20	17	15	16	9	11	10	17	11	42
Diabetes	17	1	1	4	...	1	2	3	...	1	2	...	...	2	...	6	4	2
Cerebral Hæmorrhage	87	2	6	8	9	8	3	6	10	5	6	2	5	6	1	32	27	17
Heart Disease	475	32	21	37	27	32	29	31	22	30	28	42	34	29	22	32	27	17
Aneurysm	4	1	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	2
Other Circulatory Diseases	82	9	5	8	4	3	12	3	8	3	4	6	3	2	5	6	1	8
Bronchitis	52	2	6	6	5	2	...	2	1	2	3	1	6	3	3	1	9	2
Pneumonia...	67	4	10	3	5	6	2	1	1	4	1	6	7	4	6	2	5	9
Other Respiratory Diseases	17	1	1	1	2	...	1	2	1	...	3	2	3	...	...	...	...	3
Peptic Ulcer	21	1	1	...	...	1	3	2	2	1	1	2	...	...	4	2	...	16
Diarrhœa (under 2 years)	8	1	1	...	...	...	1	...	...	...	3	1	...	...	...	1	...	8
Appendicitis	11	...	...	3	...	1	...	1	1	1	1	1	...	...	...	...	...	12
Cirrhosis of Liver	4	...	...	1	...	...	...	...	...	...	1	1	1	...	...	...	...	4
Other Diseases of Liver...	8	...	2	...	1	...	...	1	1	...	1	1	...	...	...	1	1	5
Other Digestive Diseases	32	5	5	5	2	1	2	...	...	...	1	2	5	1	1	...	2	15
Nephritis	26	1	2	1	1	...	1	1	1	4	2	4	2	3	...	2	1	12
Puerperal Sepsis	4	...	1	...	1	...	1	...	...	1	...	...	...	...	...	...	...	4
Other Puerperal Causes...	5	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	1	6
Congenital Debility, Malformation, etc., and Premature Birth	75	5	7	2	1	3	2	5	3	8	1	10	2	5	4	8	9	34
Senility	90	3	3	10	1	8	7	6	4	7	5	15	4	...	5	2	10	1
Suicide	19	4	...	...	...	1	...	2	2	1	6	...	...	...	...	2	1	3
Other Deaths from Violence	62	4	2	3	5	3	4	6	1	5	4	3	8	4	7	3	...	29
Other Defined Causes	155	9	13	9	8	7	9	10	11	12	7	14	6	11	4	14	11	66
Causes ill-defined or unknown	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
Totals	1684	105	116	119	97	91	103	106	94	114	101	149	104	90	88	106	101	325

**DERBY RAINFALL, 1936.**

We are indebted to Messrs. J. Davis & Son for the following Table :—

According to the return of rainfall experienced at Derby during the past year, and taken by Messrs. John Davis & Son, All Saints' Works, there were 184 rainy days in 1936. The amount of rain which has fallen is 27·86 inches, which is 0·98 inches below that of the average of the twenty-one years, 1915-1935. The detailed figures are as under :—

**DERBY.****DUFFIELD.**

								Average for Derby, 1915-1935 inclusive.	
		Inches.	No. of rainy days.			Inches.	No. of rainy days.		
January ...	...	3·28	21	...	3·84	...	22	.....	2·46
February ...	...	1·83	14	...	2·25	...	18	...	2·13
March ...	...	1·91	16	...	2·41	...	19	...	1·84
April ...	...	1·94	13	...	2·12	...	12	...	2·04
May ...	...	0·37	8	...	0·74	...	7	...	2·52
June ...	...	3·26	18	...	4·37	...	18	...	1·80
July ...	...	4·12	24	...	5·16	...	27	...	2·90
August ...	...	1·19	9	...	1·53	...	10	...	2·86
September ...	...	3·56	14	...	3·97	...	13	...	2·35
October ...	...	1·74	16	...	2·20	...	15	...	2·77
November...	...	2·31	16	...	3·17	...	18	...	2·50
December ...	...	2·35	15	...	2·76	...	17	...	2·67
		27·86	184	...	34·52	...	196	...	28·84

**REFUSE COLLECTION AND DISPOSAL.**

Mr. A. Connor, Cleansing and Transport Superintendent, reports as follows :—

During the year 1936, the old Refuse Destructor, Stores Road, which has been in use since 1881, was demolished and a modern separation and incineration plant is now in course of erection ; also, two new refuse collecting vehicles with rear loading moving floors have been purchased and placed into service.

**Refuse Collected and Received.**

House and Trade Refuse Collected	...	...	...	33,198 Tons.
Night-soil Collected	...	...	...	139 Tons.
Trade Refuse delivered by Tradesmen	...	...	...	4,969 Tons.
				<hr/> 38,306 Tons. <hr/>

**Refuse Disposal.**

Controlled Tipping —Alvaston Tip	...	...	...	34,743 Tons.
—Other Tips	...	...	...	1,683 Tons.
Burned in the Destructors	...	...	...	1,880 Tons.
	...	...	...	38,306 Tons.

**Moveable Ashbins Provided.**

Housing Committee	...	...	...	...	...	930
Private Owners	...	...	...	...	...	204
						1,134
Number of Cats, Dogs, etc., disposed of	...	...	...	...	...	2,787

**Power Vehicles utilized for Cleansing Purposes.**

1. Collection of Refuse :—						
Petrol Motor	...	...	...	...	...	15
2. Street Cleansing and Watering :—						
Petrol Motor	...	...	...	...	...	5

**SEWERAGE.**

The following information is supplied by Mr. E. H. Bennett, Borough Surveyor :—

**Sewers cleaned out during the year.**

The total length of sewers cleaned out represents about 10·08 miles. Total loads of Silt—215.

<b>Manholes cleaned out during the year</b>	...	...	...	...	590
---	-----	-----	-----	-----	-----

**New Sewers laid during the year.**

Curzon Lane	...	...	...	...	...	62 yds.
Nottingham Road	...	...	...	...	...	335 "
Ponsonby Terrace	...	...	...	...	...	73 "
Roe Farm Estate	...	...	...	...	...	1,056 "
New Town Planning Road No. 4, Section A.	...	...	...	...	...	87 "
Traffic Street Improvement	...	...	...	...	...	274 "
Bridge Gate Housing Site	...	...	...	...	...	294 "
Bramble Street	...	...	...	...	...	21 "
St. Alban's Road	...	...	...	...	...	10 "
Alvaston Tip (overflow)	...	...	...	...	...	64 "
Madison Avenue	...	...	...	...	...	456 "
Y.M.C.A. Estate, Littleover Lane	...	...	...	...	...	709 "
Village Street	...	...	...	...	...	100 "
Sunny Meadow Estate, Sunny Hill	...	...	...	...	...	458 "
Uplands Gardens, Whitaker Road	...	...	...	...	...	110 "
Mount Estate, Stenson Road	...	...	...	...	...	851 "
						4,960



**Manholes Constructed during the year.**

Curzon Lane	...	...	...	...	...	...	...	1
Mayfield Road	...	...	...	...	...	...	...	3
Mansfield Road	...	...	...	...	...	...	...	2
Ponsonby Terrace	...	...	...	...	...	...	...	1
Roe Farm Housing Site	...	...	...	...	...	...	...	14
Traffic Street Improvement	...	...	...	...	...	...	...	1
Bridge Gate Housing Site	...	...	...	...	...	...	...	4
Nottingham Road	...	...	...	...	...	...	...	4
Osmaston Road (near Arboretum Street)	...	...	...	...	...	...	...	1
Stenson Road	...	...	...	...	...	...	...	2
St. Alban's Road	...	...	...	...	...	...	...	2
Queensway	...	...	...	...	...	...	...	2
Becket Well Lane	...	...	...	...	...	...	...	1
Colombo Street	...	...	...	...	...	...	...	1
Kingsway	...	...	...	...	...	...	...	1
Wilson Street	...	...	...	...	...	...	...	1
Curzon Street	...	...	...	...	...	...	...	1
Madison Avenue Estate	...	...	...	...	...	...	...	6
Y.M.C.A. Development, Littleover Lane	...	...	...	...	...	...	...	16
Village Street	...	...	...	...	...	...	...	4
Sunny Meadow Estate	...	...	...	...	...	...	...	6
Uplands Estate, Whitaker Road	...	...	...	...	...	...	...	3
Mount Estate	...	...	...	...	...	...	...	15
								—
								92
								—

**Laboratory Facilities.**

The examination of throat swabs, specimens of sputum, etc., is carried out at the Borough Laboratory, Isolation Hospital. Examinations of specimens of Cerebro-spinal fluid, blood for Widal's reaction, etc., inoculation experiments and more elaborate investigations, as well as the Wassermann test, are made at the County Council Bacteriological Laboratories, in St. Mary's Gate, at an agreed charge per specimen.

Samples of water are analysed either by the Borough Analyst at the County Council Analyst's Laboratory or by the Analyst at the Borough Sewage Works Laboratory, Spondon.

Milk and foodstuffs are also examined by the Borough Analyst as above.

Bacteriological Examinations and Inoculation Tests of Milk are carried out at the County Council Bacteriological Laboratories.



## POOR LAW MEDICAL OUT-RELIEF.

Mr. R. Grantham, Clerk to the Public Assistance Committee, reports as follows :—

The Borough is divided into six Medical Relief Districts, as follows :—

District.	Wards.	Medical Officer.	Population at Census, 1931.
No. 1	Arboretum, Dale, Normanton.	Dr. Margaret Elsom	24,630
No. 2	Abbey, Babington, Becket.	Dr. J. W. King	23,711
No. 3	Bridge, Derwent, King's Mead.	Dr. P. J. Honan	26,434
No. 4	Litchurch, Osmaston, Pear Tree.	Dr. P. G. Leeman	29,107
No. 5	Friar Gate, Rowditch.	Dr. G. A. Russell	18,607
No. 6	Alvaston, Castle.	Dr. H. L. Beckitt	19,914

Each District Medical Officer has a surgery within their respective District.

Persons requiring Medical Relief must apply to the Relieving Officer for a Medical Order. This is taken to the Medical Officer, who sees the patient and prescribes the necessary medicines. These are dispensed at the Dispensary, Becket Street, where there is a specially-appointed Pharmacist. Medical Orders are available for four weeks, when a new application is made to the Relieving Officer for continuance.

### Ambulance Facilities.

(a) There are two Motor Ambulances kept at the Borough Isolation Hospital for utilisation for Infectious cases and Tuberculosis cases, when necessary.

(b) Two Motor Ambulances are kept at the Fire Station and are available for the removal of General, Medical, Surgical, Maternity, and Accident cases. The Fire Brigade is responsible for their running, and a small charge is made for the use of same.

One Motor Ambulance is kept at the City Hospital, and is used for the removal of cases to that institution.

It is known that four large firms in the town have motor ambulances which are used in the case of accidents and illness to their workpeople.

# CLINICS AND TREATMENT CENTRES.

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
<b>Maternity and Child Welfare Centres.</b>				
Alvaston ...	Carnegie Library, London Rd.	2 rooms in Library	<b>Local Authority.</b> Free Library Committee, without charge to Health Committee Rose Hill Methodist Church at fee of 30/- weekly	Monday, 2—4 p.m.
Rose Hill ...	Rose Hill Methodist Church, Normanton Road	5 rooms in Church		Tuesday, 10 a.m.—12 noon, & 2—4 p.m. Thursday, 2—4 p.m. for new babies
Nottingham Road ...	Nottingham Rd. Council School	2 rooms		Wednesday, 10 a.m.—12 noon & 2—4 p.m.
Nightingale Road ...	Nightingale Rd. School	5 rooms		Wednesday, 2—4 p.m.
St. Helen's Street ...	Friends' Meeting House, St. Helen's Street	4 rooms in Meeting House	Society of Friends at fee of 5/- weekly	Thursday, 2—4 p.m.
St. Giles', Normanton ...	St. Giles' Schoolroom, Normanton	4 rooms	St. Giles' Church, Normanton, at a fee of 10/- weekly Ashbourne Road Congregational Church at fee of £1 weekly Dean St. P.M. Mission at fee of 10/- weekly <b>Voluntary Association.</b> Derby and Derbyshire Nursing and Sanitary Assoc. (payment made by Corporation under L.G.A., 1929)	Thursday, 10 a.m.—12 noon
Ashbourne Road ...	Ashbourne Road Congregational Church School	4 rooms		Friday, 2—4 p.m.
Dean Street ...	Chapel, Dean Street	2 rooms in Chapel		Friday, 2—4 p.m.
Trinity Street ...	Rear of Nightingale Nursing Home, London Road	2 rooms in Wooden Hut		Friday, 2—4 p.m.
<b>Ante-Natal Clinics.</b>				
St. Helen's Street ...	Friends' Meeting House, St. Helen's Street	4 rooms	Society of Friends at fee of 5/- weekly Health Committee's premises Derby and Derbyshire Nursing and Sanitary Assoc. (payment made by Corporation under L.G.A., 1929)	Friday, 9.30 a.m.—12 noon
(Terminated 30/5/36)	Uttoxeter Road	2 rooms		Tuesday, 2.45 p.m.
City Hospital ...	Rear of Nightingale Nursing Home, London Road	Partitioned rooms and Doctor's room in Wooden Hut		Thursday, 2.45 p.m.
(Thurs. Sess. com. 14/5/36)				In-patients—Tuesday, Wednesday, Thursday and Friday, 11 a.m.
Trinity Street ...				Out-patients—First Wednesday in month, 3 p.m.

# CLINICS AND TREATMENT CENTRES—continued.

27

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
<b>"Toddlers' " Clinics.</b>				
Nightingale Road ...	Nightingale Road School	4 rooms	Education Committee's premises	Tuesday, 2—4 p.m.
St. Helen's Street ...	Friends' Meeting House, St. Helen's Street	4 rooms	Society of Friends at fee of 5/- weekly	Wednesday, 2—4 p.m.
<b>Dental Clinic</b> (for expectant & Nursing Mothers and "Toddlers") ...	Temple House, Mill Hill Lane	3 rooms in premises	Education Committee's premises	Thursday, 2—5 p.m.
<b>School Clinics.</b>				
For Minor Ailment Treatmt.	Central Clinic, Mill Hill Lane	2 rooms in premises	Education Committee's premises	Every morning
" "	Friends' Meeting House, St. Helen's Street	3 " "	Society of Friends at fee of 5/- weekly	Tues. & Fri. afterns.
" "	Pear Tree Council School	2 rooms in School premises	Education Committee's premises	Tues. & Fri. mornings.
" "	Brighton Rd. Council School	2 " "	"	Tues. & Fri. afterns.
" " (junior children only)	Traffic St. Council School	1 room "	"	Mon. & Thurs. afterns.
For Minor Ailment Treatmt. (junior children only)	Firs Estate Council School	1 " "	"	Tues. & Fri. mornings.
For Minor Ailment Treatmt.	Nightingale Road School	3 rooms "	"	Mon. & Thurs. mornings.
" "	Nottingham Rd. Council Sch.	2 " "	"	Mon. & Thurs. afterns.
For Minor Ailment Treatment (Nursery children only)	Wright St. Nursery School	No separate accommodation allocated	"	Mon. & Thurs. m'gs.
" "	Nuns St. Nursery Class	" "	"	" "
" "	Firs Estate Nursery Class	1 room in School premises	"	Tues. & Fri. mornings.
" "	Trinity St. Nursery Class	No separate accommodation allocated	"	Tues. morning and Fri. afternoon.
Dental Treatment ...	Central Clinic, Mill Hill Lane	5 rooms in premises	"	Daily, morn. & aftern.
Ear, Nose, and Throat	" "	2 " "	"	Friday morning
Eye ...	" "	2 " "	"	Wed. morning & Tues., Wed. & Thurs. afterns.
Skin ...	" "	2 " "	"	Wednesday afternoons.



# CLINICS AND TREATMENT CENTRES—continued.

28

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
Consultation ...	Central Clinic, Mill Hill Lane	2 rooms in premises	Education Committee premises	Mon., Thurs. & Sat. mornings & Monday afternoon.
Ultra-Violet Ray ...	Rear of Central Clinic, Mill Hill Lane	Wooden Building	"	Each morning and afternoon, except Wednesday afternoon
"	Wright Street Nursery Sch.	1 room in School premises	"	Tues. & Fri. mornings.
Orthopaedic ...	Central Clinic, Mill Hill Lane	2 rooms	"	Thursday morning.
Orthoptic ...	" " "	Treatment carried out at	Derbyshire Royal Infirmary by	arrangement.
<b>Tuberculosis Clinic</b>				
Clinics ...	{ 11, Full Street 93, Green Lane, From 1/10/36	5 rooms in premises 14 " "	Health Committee's premises	Monday, 9.30 a.m.—12.30 p.m. (males) Tuesday, 9.30 a.m.—12.30 p.m. (females) Wednesday, 9.30 a.m.—12.30 p.m. (males) Wednesday, 2.30 p.m.—5.30 p.m. (workers and new cases) Thursday, 9.30 a.m.—12.30 p.m. (children) Friday, 9.30 a.m.—12.30 p.m. (contacts) Saturday, 9.30 a.m.—1 p.m. (cases by appointment).
<b>Venereal Diseases.</b>				
Clinics ...	Derby and Derbyshire Royal Infirmary, London Road	Special accommodation in Out-Patient Department	Derby & Derbyshire Royal Infirmary (cost apportioned between Derby Borough and Derbyshire County Council on basis of Out-patient attendances)	Mon. 6—8 p.m. (males) Wed. 6—8 p.m. (males) Sat. 11.30 a.m.—1.30 p.m. (males) Mon. 3—5 p.m. (femls.) Thurs. 6—8 p.m. (femls)

## LEGAL SUMMARY.

### Local Acts (containing Sanitary Provisions).

The Derby Waterworks Acts, 1848, 1868, 1873.

The Derwent Valley Water Acts, 1899, 1901, 1904 and 1909.

The Derby Improvement Act, 1879, Part IV.

The Corporation Acts, 1877 (Sec. 60), 1890, 1901, 1913, 1927, 1929 (55,39,40).

### Acts Adopted.

Public Health Acts Amendment Act, 1890, Part III., came into operation 20th September, 1899.

Infectious Diseases (Prevention) Act, 1890 (Secs. 7 and 13), came into operation 20th February, 1902. Sec. 5 in respect of Measles and Secs. 5 and 6 in respect of Tuberculosis of the Lungs, 15th July, 1914.

Public Health Acts Amendment Act, 1890, Part II., came into operation 12th December, 1904.

Public Health Acts Amendment Act, 1907 (Secs. 19, 22, 23, 25, 26, 27, 28, 30, 31, 33, 34-37, 46, 50-58, 60, 62 to 66, 76, 77, 93 and 95), came into operation 3rd March, 1910, and Secs. 80, 81, 87, 88, 89 and 90 came into operation 4th January, 1910.

Public Health Acts Amendment Act, 1907 (Section 24 and Part V.), came into operation 9th February, 1915.

Public Health Acts Amendment Act, 1890, Part V., came into operation 7th February, 1921.

Public Health Act, 1925, Secs. 13, 15, 18, 20, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 46, 47, 48, 49, 50, 52, 53, 55, came into operation 15th March, 1926.

Public Health Acts Amendment Act, 1907, Sec. 61, came into operation 3rd May, 1926.

Slaughter of Animals Act, 1933 (as to sheep, ewes, wethers, rams and lambs), came into operation 1st January, 1934.

### Bye-laws, Regulations and Orders.

1930. Slaughter-houses.

1927. New Streets and Buildings.

1930. Common Lodging Houses.

1891. Nuisances (bye-laws 1 and 4), additional (only apply to Borough as it existed prior to Derby Corporation Act, 1927).

1892. Street Stop Taps.

1898. Dairies, Cowsheds and Milkshops.

1930. Markeaton Baths.

1930. Houses Let in Lodgings.

1930. Public Baths.

1904. Regulations as to Branch Sewers in Main Drainage Area.

1907. Expectoration in Public Places, etc., Banana Skins, etc.

1908. Factory and Workshop Statutory Rules and Regulations.

1910. Underground Rain-water Cisterns (as amended by 1930 bye-laws).

- 1911. Confirming Order of L.G.B. under Sec. 51 P.H.A.A. Act, 1907, declaring certain trades to be offensive.
- 1911. Regulations as to Communications between Drains and Sewers.
- 1912. The Derby (No. 1) Shops Order, 1912.
- 1913. The Derby (No. 2) Shops Order, 1913.
- 1913. The Derby (No. 3) Shops Order, 1913.
- 1913. Regulations as to Communications between Drains and Sewers in Main Drainage Area.
- 1914. Additional General Rules for the Government of the Mental Hospital.
- 1916. For the Good Rule and Government of the Borough and for the Prevention of Nuisances.
- 1917. Spitting on Footways.
- 1919. The Derby Shops (No. 4) Order, 1919.
- 1919. The Derby Shops (No. 5) Order, 1919.
- 1921. Tents, Vans, Sheds, and similar structures used for human habitation (as amended by 1930 bye-law).
- 1928. Nursing Homes.
- 1930. Bass's Baths.
- 1930. Pleasure Grounds.
- 1930. For Preventing Waste, etc., or Contamination of Water.
- 1935. Prevention of the Fouling of Footways by Dogs.
- 1935. Employment of Children and Street Trading.



# II--MATERNITY AND CHILD WELFARE.

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INCLUDING REPORTS BY

DR. McKAIL, Maternity and Child Welfare Medical Officer,

AND

DR. HAIGH, "Toddlers' " Clinic.

## MATERNITY AND CHILD WELFARE.

## Infantile Mortality during the year 1936.

Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
i. Common Infectious Diseases.	{	Measles	...	...	...	...	...	...	...	1	...	...	1
		Scarlet Fever	...	...	...	...	...	...	...	...	...	1	1
		Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...
		Whooping Cough	...	...	...	...	...	2	2	...	1	5	
		Erysipelas	...	...	...	...	...	...	...	...	...	...	...
ii. Diarrhæal Diseases.	{	Influenza	...	...	...	...	...	...	...	...	...	...	...
		Diarrhœa, all forms including Enteritis, Muco-enteritis, Gastro-enteritis, &c.	...	...	...	1	1	1	3	2	1	8	
		Gastritis	...	...	...	...	...	...	...	...	...	...	...
		Premature Birth	...	...	22	5	2	1	30	4	3	...	37
		Congenital Defects	...	...	8	...	2	...	10	3	1	1	15
iii. Wasting Diseases.	{	Injury at Birth	...	...	6	1	...	7	1	...	...	8	
		Atelectasis	...	...	3	...	...	...	3	1	...	...	4
		Atrophy, Debility, Marasmus	...	...	4	1	...	...	5	...	...	1	6
iv. Tuberculous Diseases.	{	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...
		Other Tuberculous Diseases	...	...	...	...	...	...	...	1	...	...	1
		Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...
		Meningitis (not Tuberculous)	...	...	...	...	...	...	...	1	...	...	1
		Convulsions	...	...	...	...	...	...	...	1	...	...	1
v. Other Causes.	{	Bronchitis	...	...	...	...	...	...	...	1	2	...	3
		Pneumonia	...	...	1	...	...	...	1	3	5	3	13
		Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...
		Syphilis	...	...	...	...	...	...	...	...	...	...	...
		Laryngitis	...	...	...	...	...	...	...	...	...	...	...
		Other Causes	...	...	6	...	1	...	7	6	4	2	21
		TOTALS	...	50	7	5	2	64	23	21	11	6	125

Births registered	{ Legitimate 1,924 Illegitimate 103	Deaths { Legitimate Infants 117 Illegitimate „ 8	Infantile Mortality = 57.7	} 61.7 per 1,000 reg'd Birt
		„ „	= 77.7	

None of the 125 infants had been vaccinated.

## NEO-NATAL DEATHS, 1936.

<i>Place of Birth.</i>			<i>Number of Births.</i>	<i>Neo-Natal Deaths.</i>	<i>Percentage of Neo-Natal deaths to Live Births.</i>
Nightingale Nursing Home	...	...	268	5	1·8
Women's Hospital	...	...	42	3	7·3
Derby City Hospital	...	...	560	24	4·3

(27 B.B.A.)

At Home attended by Borough Mid-  
wives                   ...                   ...

At Home attended by R.N.I. Nurses	353	11	3
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3 Neo-Natal deaths occurred in cases where doctor was engaged for confinement.

1 Neo-Natal death occurred in Derbyshire Royal Infirmary.

1 Neo-Natal death occurred in case attended by County Midwife.

Table showing Increasing Ratio of Neo-Natal Deaths, 1930-1936 inclusive.

Year.	Total deaths under 1 year.	Neo-Natal deaths.	Deaths from 1 month—12 months.	Percentage of Neo-Natal deaths to total deaths
				under 1 year.
1930	172	77	95	44·7
1931	143	73	70	51·0
1932	147	67	80	45·5
1933	124	62	62	50·0
1934	118	67	51	56·7
1935	122	79	43	64·7
1936	125	64	61	51·2

**Maternal Mortality.** The form of Questionnaire required by the Ministry of Health has been filled up regarding all Maternal Deaths of Derby residents. Where a Medical Practitioner was in attendance on a case, either at home or in an Institution, the form has been completed by him. In other instances, where a midwife was in attendance, the forms have been completed by the Maternity and Child Welfare Medical Officer. Details of all maternal deaths of Derby residents are appended :—

Age.	Cause of death.	Institution.	Children left.
26	Puerperal Fever (Childbirth 11th July, 1936)	D.C.H.	1
26	Myocardial Failure, Labour, Pregnancy,		
	Pyelitis ... ..	—	—
27	Streptococcal Septicæmia, Pregnancy, 7		
	months miscarriage, Post partum Hæ-		
	morrhage ... ..	D.R.I.	1
28	Septicæmia following a septic abortion (vio-		
	lence) P.M. Inquest ... ..	D.C.H.	2
28	Cerebral Hæmorrhage, Fulminating Eclamp-		
	sia, Pregnancy ... ..	—	—
35	Embolism of Inferior Vena Cava Thrombo		
	phlebitis of Femoral Vein, Pregnancy		
	—onset of labour 14th April, 1936 ...	D.C.H.	2
36	Peritonitis, Puerperal Septicæmia ... ..	Q.M.N.H.	—
37	Asphyxia following the administration of an		
	Anæsthetic—Ethyl Chloride and Ether		
	for the purpose of delivery of a child		
	P.M. Inquest ... ..	Horfield	—
		House.	
50	Cardiac failure, Cæsarean Section for Impac-		
	ted ovarian Cyst ... ..	D.R.I.	6

### Ante-Natal Clinics.

**MUNICIPAL.**—(a) Friends' Meeting House, St. Helen's Street.

65 women attended during the period 1st January to 30th May, when the Clinic was transferred to the City Hospital. 9 were on the register at the beginning of 1936.

56 new cases attended, 2 of whom were not pregnant. 14 were primiparous women. 33 attended before engaging a midwife (5 of these were primiparæ).

The total number of attendances made was 184.

(b) CITY HOSPITAL.

745 women made 4,402 attendances during the year.



## VOLUNTARY.—NURSING ASSOCIATION AND NIGHTINGALE HOME.

Expectant Mothers attended—

817 made 2,944 attendances at 218 Clinics.

**Post-Natal Clinics.**

## MUNICIPAL—

City Hospital.

80 women made 86 attendances during the year.

## VOLUNTARY.

Nursing Association and Nightingale Home.

348 women made 348 attendances at 73 Clinics.

**Dental Clinic.**—Held at Temple House, Mill Hill Lane. Particulars of treatment given to expectant and nursing mothers are as follows :—

REPORT OF DENTAL TREATMENT FOR YEAR ENDED DECEMBER 31st, 1936.

	Maternity Centre.	Child Welfare Centre.	Toddlers' Clinic.	Isolation Hospitals, etc.	TOTAL
No. of Cases who attended at the Clinic	51	62	293	81	487
No. of Cases actually treated ...	46	58	285	59	448
No. of Cases to whom advice only was given	5	4	8	22	39
No. of Attendances made at the Clinic ...	123	69	334	139	665
No. of Fillings ...	3	2	2	24	31
No. of Extractions ...	131	151	787	87	1156
No. of General Anæsthetics ...	40	56	327	48	471
No. of Local Anæsthetics ...	—	—	—	2	2
No. of Scalings, Dressings, etc. ...	49	—	—	24	73

## Midwives.

111 midwives gave notice of intention to practice within the Borough during 1936; three of these were *bona-fide* midwives and 108 were certified women. 72 were attached to institutions (32 at the Derby Royal Nursing Institution, 21 at the City Hospital, 2 at the Poor Law Institution, 11 at the Women's Hospital, 2 at the Borough Isolation Hospital, and 4 at Nursing Homes). 15 were connected with the Health Department (including two School Nurses) and 24 practised privately (seven of these being resident outside the Borough).

Of the 24 midwives practising privately in the Borough, 7 did not attend any cases in the Borough in the year. These midwives attended 619 cases (594 births and 25 still-births). Medical Aid was sought in 216 cases, 165 on account of the mother, and 51 on account of the infant. In addition, these midwives acted as maternity nurses at 47 cases. Three cases of Puerperal Fever, ten cases of Puerperal Pyrexia, and 10 cases of Ophthalmia Neonatorum were notified in their practice. One maternal death occurred in their practice. The largest number of cases attended by any one midwife was 131. 81 visits to midwives were paid and 37 interviews.

**Medical Aid Forms.** 364 reports were received by the Medical Officer of Health during the year. 267 of these were on account of the condition of the mother and 94 of the baby, while three related to both mother and infant.

**Medical Practitioners' Fees.** The total fees paid to local Medical Practitioners in respect of emergency cases attended in accordance with Section XIV. of the Midwives Act, 1918, amounted to £297 1s. 0d. in respect of 268 claims.

**Artificial Feeding.** During the year, 152 notifications of proposals to substitute Artificial Feeding were received in accordance with rules of the Central Midwives Board. This number was an increase of 102 as compared with the number received during the year 1935, and is equal to a percentage of 7.6 of the notified Derby births. In 42 instances, Artificial Feeding was supplemental to Breast Feeding.

**Baby Incubators.** No infants were placed in these incubators during the year.

**Maternity and Child Welfare Centres.** There were nine Welcomes or Maternity and Child Welfare Centres in existence in 1936, eight of these managed by the Corporation Health Department and one managed by the Nightingale Nursing Institution.

Health Talks were given at the Welfare Centres and Ante Natal Clinic by the Health Visitors, viz. :—

- 37 at Alvaston Welfare.
- 20 at Ashbourne Road Welfare.
- 75 at Rose Hill Welfare.
- 40 at St. Giles' Welfare.
- 40 at St. Helen's Street Welfare.
- 36 at Nightingale Road Welfare.
- Nil at Nottingham Road Welfare.
- 3 at Dean Street Welfare.
- 20 at Ante Natal Clinic, S. Helen's Street.

**Voluntary Helpers.** 32 Voluntary Helpers have again rendered excellent service to the Department.

**Ultra-Violet Ray Clinic** (Temple House). Of 334 cases referred chiefly on account of rickets, malnutrition, or debility after illness, 108 cases completed the course; 93 cases were still attending at the end of 1936, while 36 cases referred did not attend at all. 97 cases did not complete the course—21 on account of illness and 73 on account of difficulty in attending or of indifference on the part of the parent, and three on account of leaving the town.

**Orthopædic Cases.**—124 cases were referred to the School Orthopædic Clinic, 2 of which received operative treatment at the City Hospital, 2 were referred to the Derbyshire Royal Infirmary for in-patient treatment, 90 received non-operative treatment at the Orthopædic Clinic, and 13 were referred for observation only. 12 cases failed to attend, and in 5 cases no treatment was advised.

### Attendances at Welfare Centres.

CENTRE.	Welcomes held.	No. of Children attending.	Attendances.			No. of Children weighed.	No. of Children seen by Doctor.
			Mothers.	Babies.			
				Under 1	1-5 Yrs.		
St. Helen's St....	50	327	3176	2084	1150	2913	1641
Rose Hill ...	143	652	7105	4086	2957	6381	3807
Dean Street ...	49	205	3265	1910	1365	2986	1603
Alvaston ...	48	269	3277	1959	1290	2862	1447
Nightingale Rd.	49	364	3368	1821	1783	3222	1645
Nottingham Rd.	98	272	2870	1883	1049	2712	1720
Ashbourne Rd.	48	283	3014	1768	1256	2622	1403
St. Giles' ...	49	204	1431	942	688	1508	839
*Trinity Street	48	257	1709	1736	156	1892	383
Totals ...	582	2833	29215	18189	11694	27098	14488

### Numbers of Children making first attendances in 1936.

CENTRE.	Under 1 m'th	1-3 m'ths	3-6 m'ths	6-9 m'ths	9mth's 1 year.	Total.	1-5 years	Total.
St. Helen's Street	71	74	12	8	2	167	13	180
Rose Hill ...	118	145	48	9	4	324	41	365
Dean Street ...	44	60	5	6	4	119	9	128
Alvaston ...	36	50	12	4	—	102	18	120
Nightingale Rd. ...	42	80	14	7	6	149	16	165
Nottingham Rd. ...	54	59	9	7	2	131	16	147
Ashbourne Road ...	54	60	24	9	2	149	15	164
St. Giles' ...	23	52	15	2	1	93	9	102
*Trinity Street ...	67	88	19	2	3	179	3	182
Totals ...	509	668	158	54	24	1413	140	1553

\* Trinity Street Welfare is a Voluntary Centre controlled by the Derby and Derbyshire Nursing Association.



### Numbers of Babies entirely artificially fed at first visit.

CENTRE.	Under 1 month.	1-3 months.	3-6 months.	6-9 months
St. Helen's Street	8	28	8	4
Rose Hill ...	19	54	20	7
Dean Street ...	15	21	8	3
Alvaston ...	4	11	9	2
Nightingale Rd ...	13	22	5	5
Nottingham Road	5	18	5	2
Ashbourne Road	9	15	6	2
St. Giles' ...	4	11	5	2
*Trinity Street ...	6	28	7	2
Totals ...	83	208	73	29

\* Trinity Street Welfare is a Voluntary Centre controlled by the Derby and Derbyshire Nursing Association.

### OPHTHALMIA NEONATORUM.

Cases notified ... .. 27

Further information and the table required by the Ministry will be found on page 102.

### PUERPERAL FEVER AND PUERPERAL PYREXIA.

Details of cases of Puerperal Fever and Puerperal Pyrexia which have occurred during 1936 will be found in the Section dealing with Infectious Diseases.

All cases of Puerperal Fever and Puerperal Pyrexia occurring at home have been investigated by a Health Visitor, and where cases have occurred in Institutions these have been followed up on discharge, until recovery was completed. Records of cases occurring in Institutions have been completed by the Medical Practitioner in charge of the case.

### PEMPHIGUS NEONATORUM.

No cases were notified during the year.

### Nursing Homes.

Registered at 31st December, 1935	...	...	...	...	5
(1) Applications for Registration	...	...	...	...	—
(2) Homes Registered	...	...	...	...	—
(3) Orders made refusing or cancelling Registration	...	...	...	...	1*
(4) Appeals against such Orders	...	...	...	...	—
(5) Cases in which Orders have been					
(a) Confirmed on appeal	...	...	...	...	—
(b) Disallowed	...	...	...	...	—
(6) Number of applications for exemption from registration	...	...	...	...	6
(a) Granted	...	...	...	...	6
(b) Withdrawn	...	...	...	...	—
(c) Refused	...	...	...	...	—
On register at end of year	...	...	...	...	4

Ten visits of inspection were made during the year.

\*Registration cancelled on request from the keeper 3rd July, 1936.—Left town.

### Home Helps.

During the year, 69 applications for Home Help services were received. The full fee was paid in 35 cases, a reduced fee in 25 cases, and in three cases no

charge was made to the applicant. In 6 instances the applications were withdrawn.

### **Births.**

2,817 notifications were received during 1936 under the Notification of Births Act, 1907. Of these, 1,991 were live births and 91 were still-births relating to Derby residents. 682 were live births and 53 were still-births relating to non-residents. The details were as follows :—

	<i>Derby Residents.</i>		<i>Non-Residents.</i>	
	<i>No.</i>	<i>Percent- age.</i>	<i>No.</i>	<i>Percent- age.</i>
<b>Live Births.</b>				
Notified by Midwives ... ..	904	32.1	11	0.4
Notified by Doctors ... ..	116	4.1	3	0.1
Notified from Institutions by Midwives	865	30.7	475	16.9
Notified „ „ „ Doctors	106	3.8	193	6.8
<b>Still-Births.</b>				
Notified by Midwives ... ..	35	1.2	—	—
Notified by Doctors ... ..	6	0.2	—	—
Notified from Institutions by Midwives	40	1.4	23	0.8
Notified „ „ „ Doctors	10	0.4	30	1.1
Totals ... ..	2,082	73.9	735	26.1

1,021, or 49.03% of total births relating to residents took place in Institutions. 2,027 births were registered.

**STILL-BIRTHS.**—144 Still-Births were notified (46 being notified by Medical Practitioners and 98 by Midwives). 91 were in respect of Derby residents and 53 non-residents. There were 130 burials of still-born children in the Derby cemeteries during the year. 145 still-births were registered, of which 55 related to non-residents. Of the 90 still-births registered relating to Derby residents, six were illegitimate. Percentage of still-births to live births registered was 4.4.

101 still-births were investigated.

### **Children Act, 1908.**

On Register at beginning of year ... ..	18
Added during the year ... ..	17
Removed from Register—	
Taken out of the Borough ... ..	6
„ to parents out of the Borough ... ..	1
„ to parents in Borough ... ..	5
„ to Institutions in Borough ... ..	1
Adopted ... ..	1
Reached nine years of age ... ..	—
Died ... ..	1
	15
On Register at end of year ... ..	20
106 visits were paid by Health Visitors to these Children.	
Foster parents on Register at beginning of year ... ..	17
„ „ „ end of year ... ..	20

## Milk for Expectant and Nursing Mothers and for Infants.

The following amounts were supplied during the year :—

	<i>Sold at cost price.</i>	<i>Supplied free.</i>	<i>Total.</i>
Dried Milk ...	11,550 lbs.	6,128 lbs.	17,678 lbs.

## Work of the Health Visitors.

### SUMMARY.

#### 1. MOTHERS.

Visits <i>re</i> Expectant Mothers ...	...	...	...	...	...	450
„ Mothers (Post Natal) ...	...	...	...	...	...	10

#### 2. CHILD WELFARE.

Visits <i>re</i> Births ...	...	...	...	...	...	2,168
Re-Visits <i>re</i> Births (under 1 year) ...	...	...	...	...	...	9,800
„ Children 1—5 ...	...	...	...	...	...	12,143
Visits <i>re</i> Still-Births ...	...	...	...	...	...	101
„ Deaths of Infants under 1 year ...	...	...	...	...	...	107
„ „ „ over 1 year ...	...	...	...	...	...	26
„ Medical Help Forms (Midwives) ...	...	...	...	...	...	322
„ Home Helps ...	...	...	...	...	...	79
„ Maternal Deaths ...	...	...	...	...	...	14
„ Artificial Feeding Forms ...	...	...	...	...	...	77
„ Diarrhoea ...	...	...	...	...	...	21

#### 3. TODDLERS.

Visits and Re-Visits <i>re</i> Toddlers' Clinic ...	...	...	...	...	...	1,533
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#### 4. INFECTIOUS DISEASES, EXCLUDING TUBERCULOSIS.

Visits <i>re</i> Cases of Whooping Cough ...	...	...	...	...	...	1,296
„ Ophthalmia Neonatorum ...	...	...	...	...	...	174
Visits to other Infectious Diseases (Scarlet Fever, Diphtheria, Measles, Pneumonia, etc.) ...	...	...	...	...	...	5,483

#### 5. OTHER PUBLIC HEALTH WORK.

Visits <i>re</i> Infant Life Protection ...	...	...	...	...	...	106
„ Outworkers ...	...	...	...	...	...	28
„ Workrooms ...	...	...	...	...	...	1
„ Sanitary Conveniences for Females ...	...	...	...	...	...	303

#### 6. MISCELLANEOUS.

Visits <i>re</i> Special Investigations ...	...	...	...	...	...	1,592
„ Enquiries ...	...	...	...	...	...	636
Miscellaneous Visits ...	...	...	...	...	...	1,053
Unsuccessful Visits (Out, Removals, etc.) ...	...	...	...	...	...	3,750
Assisted at Mothers' Welcomes (Mornings and Afternoons) ...	...	...	...	...	...	732
Assisted at Toddlers' Clinics ...	...	...	...	...	...	99
Assisted at Ante-Natal Clinics ...	...	...	...	...	...	41

THE HON. SECRETARY OF THE INVALID CHILDREN'S AID ASSOCIATION REPORTS  
AS FOLLOWS :—

“In 1936, 85 cases were supplied with extra nourishment and 54 cases were afforded convalescent treatment.”



## Nursing in the Home.

(a) The Royal Derby and Derbyshire Nursing and Sanitary Association provides District Nurses on application to an agreed charge per visit (and also Midwives and Maternity Nurses). It is an approved training school for Midwives, and pupils are trained there in conjunction with the Nightingale Nursing Home.

(b) Arrangements have been made with the Royal Derby and Derbyshire Nursing and Sanitary Association to provide skilled nursing for cases of Pneumonia, Puerperal Pyrexia, and Ophthalmia Neonatorum occurring in the Borough, who require it, and also for cases of Pneumonia after Measles and Whooping Cough, at a fixed charge per visit.

## TODDLERS' CLINICS.

REPORT BY DR. HAIGH.

Clinics held during 1936	...	99
Children attended	... ..	383
Total attendances	... ..	883

Many children were found to be suffering from a combination of defects, but they may be roughly classified into groups :—

Carious teeth and associated mouth conditions	... ..	113
Dietetic faults, associated with constipation, loss of appetite, or skin eruption	... ..	40
Rickets in its various manifestations	... ..	9
Faulty nutrition and anæmia	... ..	21
Nervous, unstable and difficult children	... ..	9
Debility following some infectious disease	... ..	48
Affections of the alimentary system, mainly oxyuris infestation	... ..	19
Affections of the ear, nose, and throat	... ..	36
Affections of the respiratory system and catarrhs...	... ..	23
Affections of the skin and scalp	... ..	12
Affections of the eyes and eyelids and squint	... ..	8
Specific infections such as whooping cough, etc.	... ..	4
Affections of the nervous system and defective brain development...	... ..	5
Speech defects	... ..	4
Various „	... ..	13

**References** to other agencies were made as follows :—

To Dental Clinic	... ..	102
To Light Clinic	... ..	62
To Ear, Nose and Throat Clinic	... ..	12
To Skin Clinic	... ..	2
To Orthopædic Clinic	... ..	2
To Orthoptic „	... ..	1
To Institutions	... ..	8
To Relieving Officer	... ..	1
To Derby Invalid Children's Aid Association	... ..	—

iii.--SCHOOLS  
AND  
SCHOOL CHILDREN.

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REPORT BY  
DR. A. MORRISON, School Medical Officer.

INCLUDING REPORTS BY  
MR. ARTHUR STAFFORD, School Dental Surgeon.  
MR. H. MOUNTFORD, Organiser of Physical Training.

# SUMMARY OF INSPECTIONS.

		<i>For the year 1935.</i>		<i>For the year 1936.</i>	
		<i>Total.</i>		<i>Total.</i>	
<b>Inspections—</b>					
Medical Officers.					
Number of Routine Examinations at Elementary and Secondary Schools	...	9,283		9,479	
Number of Special Examinations at Schools and Clinics	...	6,230		6,704	
Number of Re-inspections at Schools and Clinics	...	18,687	34,200	19,841	36,024
Dental Officers.					
Number of Routine and Special Examinations at Schools and Clinics (Elementary and Secondary)	...		18,080		17,876
Nurses.					
Number of Examinations at Elementary Schools	...		38,937		36,616
Number of visits paid—To Elementary Schools	310	} 2,699		310	} 2,377
To Nursery School & Classes	251			229	
To Homes	2,138			1,838	
Total number of Inspections at Schools and Clinics by Medical Officers, Dental Officers and Nurses	...		91,217		90,516

		<i>For</i>		<i>For</i>	
		<i>Requiring observation treatment.</i>		<i>Requiring observation only.</i>	
<b>Defects found during Inspection—</b>					
Medical Officers	...	23,097	5,806	25,533	6,403
Dental Officers...	...	12,195	—	12,933	—
			41,098		44,869

		<i>Defects.</i>		<i>Attendances.</i>	
<b>Inspection Clinics</b>	...	1,881	1,781	1,970	1,627



## SUMMARY OF TREATMENT.

		<i>For the year 1935.</i> <i>Children. Attendances.</i>		<i>For the year 1936.</i> <i>Children. Attendances.</i>	
Minor Ailments Clinics ...	...	19,240	62,436	21,750	68,551
Dental Clinic ...	...	7,518	9,151	8,079	9,879
Number of Extractions	...	...	12,647	13,303	
Number of Fillings	...	...	4,898	5,466	
Ophthalmic Clinic ...	...	1,392	2,262	1,381	2,506
Number of glasses provided	...	...	920	966	
Aural Clinic ...	...	1,017	3,850	1,089	4,663
Number of Operations performed under an Anæsthetic	...	...	379	291	
Ultra-Violet Rays Clinics	...	1,304	16,683	1,447	19,584
Skin Clinic ...	...	333	1,825	291	1,513
Orthopædic Clinic	...	305	5,441	453	4,952
Total number of attendances for treatment ...		—	101,648	—	111,648

## GENERAL REVIEW.

**Number of Examinations :—**A glance at the figures on the previous page will show that the number of inspections, both routine and special, has increased during 1936, and a corresponding increase has taken place, with one exception, in all the treatment clinics. This is probably due to the fact that there has been a comparatively clean bill of health among the staff during the year, and accordingly, not only has the routine medical inspection, apart from one school, been completed, but more time has been available for clinic work. This is not, however, the only explanation. Some years ago, it was thought that saturation point had been reached in connection with these clinics. Further experience, however, has shown this to be quite wrong, for each year sees new and additional families making their appearance and thus increasing the already very large total.

### **Developments :—**

(1) The extension to the Central Clinic was completed in March. This addition was made chiefly to provide a suitable room for remedial exercises in connection with the orthopædic scheme, and it must be said at once that it fulfils the purpose admirably. The size of the room (23' 6" × 16' 6") with the appropriate apparatus allows for a class of twelve to have their remedial exercises at one time, and this small number makes for adequate individual supervision by the Nurse in charge. On the first floor of the extension, three rooms were built and they allowed for a very welcome increase in accommodation. They are now offices for the Chief Dental Surgeon, the Assistant Medical Officers, and the Chief Clerk. In consequence, the rooms thus vacated were available for an extra dental surgery, an extra waiting room for cases for special examinations, and a small room for isolation and general purposes. This extra accommodation had become almost essential for efficiency, and its provision very much appreciated.

Included in the report is a list of the structural alterations undertaken in the schools during the year. There is no doubt that these extensive renovations will raise the hygienic standard of the schools.

(2) For some years, there has been an arrangement between the Isolation Hospital and the School Medical Service to refer all children for treatment to the School Clinic who suffered from Otorrhœa while in Hospital, or who exhibited any condition catered for by the special clinics. In 1936, this arrangement was extended and now all children who have suffered from Scarlet Fever are examined by the School Medical Officers before their return to school. This is intended to obviate any child returning to school with a post-scarlatina complication, e.g., Otorrhœa, Rhinitis, etc., which may have developed after the child's discharge from Hospital and which may still be infectious. It is also hoped by these examinations to bring any child under early treatment who may have developed any of the sequelæ of Scarlet Fever.

(3) The orthoptic treatment of squint was started in the Derbyshire Royal Infirmary in October, and by an arrangement with the Education Committee, a sum of £250 is to be paid annually to the Infirmary, who on their part, will treat and give precedence to Derby school children. The cases will be selected from those referred to the ophthalmic clinic for treatment, and already, a considerable number have commenced the preliminary occlusion. High hopes are being entertained that this specialised treatment may be successful.



## FINDINGS OF MEDICAL INSPECTION :—

(1) **Nutrition** :—This is a subject on which an enormous amount has been written within the last few years, and it has not only been discussed by medical experts, but has received much publicity in the newspapers. Although, however, there is a very great difference of opinion on various aspects of this condition, it appears that there are certain general points on which there is agreement.

These are :—

(a) That there is not found clinically the incidence and degree of malnutrition that one might expect from the diets and resources of the families investigated.

(b) That the condition known as malnutrition may be brought about by causes other than lack of either the proper quantity or quality of food. These causes may be due to physical defects, faulty elimination, lack of proper care with regard to sleep, overcrowding, etc., low metabolism, previous illnesses, etc. In most cases, there is probably a combination of these factors.

(c) That there is no definite constant physical sign. Most children who are malnourished are under weight, but not all children less than average weight are malnourished. Dryness of hair and skin, seborrhœa, pallor, thinness, are all variable. Probably the most constant sign is a drooping posture, and certainly the most pronounced symptom is fatigue or loss of vitality. Indeed, in very few cases of malnutrition is this symptom absent. Unhappily, the term malnutrition has become practically synonymous in the public mind with lack of food, and although juggling with words has very often a boomerang effect, I submit that it would be helpful to have a term which would convey the medical conception of malnutrition without the implication of a definite cause. At any rate, until the position is clarified with regard to definite causes, our efforts to ascertain the incidence of malnutrition due to food defects are bound to be unsuccessful. Nevertheless as apart from education, malnutrition from defective diet is primarily the one type which is amenable to assistance, all cases are introduced, whether ascertained at routine medical inspection or the special clinics, to the generous provisions of the Education Committee with regard to food and food accessories.

(2) **Rickets** :—The increased number of children listed as suffering from Rickets, especially as so many of them are entrants, is an unhappy feature of this year's report. If we could be sure that with the cessation of bony changes there would be a complete end of the disease, it would not be quite so bad, for the vast majority of these cases appear quiescent. What effect, however, on the general metabolism has the presence of a disease like Rickets, and how far it may modify the subsequent health of the child, it is not at present possible to say, but it is not improbable that some of the cases of malnutrition may have their beginnings in this particular disease.

(3) **Vision** :—The progressive decrease in the number of children with defective vision, especially as it now extends over three years is satisfactory. This may be partly due to the great improvement in housing conditions which have resulted in better hygienic surroundings and vastly superior illumination. At any rate, it is not due to less reading, as there is ample evidence that the child of to-day is as much devoted to books as ever.



**Future Administration** :—Considerable discussion has taken place during the year as to whether the present method of ascertainment of physically defective children, namely, the routine medical inspection, is entirely satisfactory. It has been pointed out that as three years elapse between the first and second examinations and four years between the second and third, many cases, especially of malnutrition, arise between the age periods which cannot be discovered until medical inspection takes place. It has accordingly been suggested that more good might be achieved by the substitution of frequent school surveys for the routine examination. This change of procedure would, in my opinion, be a mistake. It is possible for a child to have signs without apparent symptoms, and superficial surveys, however frequent, will not detect anything purely objective. Routine medical inspection may not be enough, but it is the basic principle of the School Medical Service and should certainly be retained. One solution of the problem, however, may lie in the principle adopted in Derby of having numerous branch clinics. These clinics, although carried on chiefly by the School Nurses, are visited every session by the Medical Officers, and there is an arrangement with the teachers that any child, who, in their opinion, is below par, listless, or showing symptoms of ill-health, may be sent for examination.

In the opinion of some, multiple clinics appear to be a dissipation of energy, but the experience of several years with this system would indicate that the opportunities for the observation and examination of children are so numerous and made so easy that few ailing children are overlooked. This means, naturally, that a great deal of extra work has to be accomplished by the Medical Officers, but the results would appear amply to justify this expenditure.

### **STAFF.**

There was no change in the numerical strength of the Staff during the year. Miss Harwood (Clerk) resigned, and was succeeded by Miss O. Taylor.

### **SCHOOL ACCOMMODATION.**

**Accommodation for Medical Inspection.**—Arrangements have been the same as in previous years and as reported in previous Annual Reports.

### **THE DERBY SCHOOLS.**

The number of Public Elementary Schools within the Borough is 36. This number includes the Central School and also Temple House Special School.

### **SCHOOL ATTENDANCE.**

The accommodation in Elementary Schools is 23,985. The number of names on the books is 20,428 and the average attendance 18,118.

### **CO-ORDINATION.**

Arrangements for the co-ordination of the work of the School Medical Service with that of other Health Services continue as outlined in previous reports.

## THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

### School Hygiene.

Many important structural alterations were made in the schools during 1936. Some of these were a direct result of the general survey undertaken by the Borough Architect in 1934. The following is a complete list of the work undertaken during the year :—

School.	Department.	Work carried out.
Allenton ... ..	Junior Mixed	Two additional classrooms and Cloaks. (In progress). New gymnasium. (In progress). Conveniences re-built.
Ashbourne Road ...	Junior Boys do. Girls	do. do.
Boulton ... ..	Junior Mixed	Two additional classrooms and Cloaks. (In progress). Conveniences re-built.
Firs Estate ... ..	Senior Boys do. Girls	do. do.
	Junior Girls	do. do.
Gerard Street ...	Boys Girls Infants	Conveniences re-built. do. do. do. do.
	Boys, Girls and Infants	New boiler and automatic stoker for heating system.
Normanton ... ..	Mixed Infants	Conveniences re-built. Two additional classrooms and Cloaks. (In progress).
Nottingham Road ...	Junior Mixed	Two additional classrooms and Cloaks. (In progress). New gymnasium. (In progress). New footbaths and hot water.
Orchard Street ...	Senior Mixed	Conveniences re-built.
Pear Tree ... ..	Senior Girls Junior Girls Infants	do. do. do. do.
Sinfin... ..	Junior Mixed	Two additional classrooms. (In progress).
St. Anne's ... ..	Girls and Infants	New paving to playground.
St. James' Road ...	Infant Boys	New conveniences.
Traffic Street ...	Junior Mixed	Conveniences re-built.
Wilmorton ... ..	Junior Mixed Infants	do. do. do. do.
Abbey St. Central ...	Boys	do. do.

### Medical Inspection.

A detailed statement of the routine of medical inspection was given in the report for 1932.

It was found impossible to complete the medical inspection of all the Public Elementary Schools during the year. One school had to be left over for inspection in 1937.



**Number of children inspected.**—The total number of children inspected was 7,735. Of these, 3,876 were boys and 3,859 were girls.

The total—7,735—does not include all the children examined in the schools, as a considerable number were brought forward by the Head Teachers for some special examination. The total number of these cases amounted to 294.

## **FINDINGS OF MEDICAL INSPECTION.**

### **Clothing and Footgear.**

The percentage of children found to be inadequately clothed during the year was 2·2, this being an increase of 1% on last year's figure.

The percentage of children whose footgear was recorded as unsatisfactory was 1·7, a slight increase on the figure for 1935.

### **Malnutrition.**

Under Table II B. in the Appendix will be found a detailed statement of the findings with regard to nutrition, and as they have been compiled on the same basis as the figures for 1935, they are of special interest. The number of children in 1936 who were suffering from serious malnutrition was 4 compared with 9 in 1935, but on the other hand, the number noted with slight malnutrition this year was 880 as opposed to 700 last year. The diagnosis of malnutrition was made on the usual criteria—height, weight, general tone, etc., and without a critical individual investigation it is quite impossible to affirm that the condition of these children was caused by lack of food alone. Nevertheless, the fact that 884 children out of 8039 examined were found to be below average, combined with the increased records of inadequate clothing and defective footwear, should jolt us out of any complacency in this respect.

### **Uncleanliness.**

6·3% of the children examined were found to be verminous at the annual inspections, most of them being of a slight character, exclusion from school being unnecessary in any of these cases.

Further particulars under this heading are given in that part of the report dealing with the work of the School Nurses.

### **Minor Ailments and Diseases of the Skin.**

As in former years, the numbers of children found at routine inspections to have minor ailments and diseases of the skin were again very small. This is due, as stated in previous reports, to the number and distribution of the minor ailments clinics, which cater for these conditions without delay.

The following skin diseases were recorded at the medical inspections :—

Warts	...	...	...	13	Seborrhœa	...	...	...	4
Dermatitis	...	...	...	11	Acne	...	...	...	4
Impetigo	...	...	...	8	Urticaria	...	...	...	4
Ringworm Scalp	...	...	...	5	Ringworm Body	...	...	...	3
Scabies	...	...	...	5	Other Diseases	...	...	...	15



### Visual Defects and External Eye Disease.

There was a continued reduction in the number of children with defective vision. As in 1935, the reduction was not only general, but with the exception of the twelve year old girls was maintained in all the other groups.

The figures for the last three years are :—

Year.	Total examined.	Number defective.	Percentage.
1934	5496	1896	34.5
1935	4869	1322	27.2
1936	5242	1279	24.4

In the eight and twelve year old groups, the percentages of children who were unable to read 6/6, 6/6, were :—

Year.	8 year boys.	8 year girls.	12 year boys.	12 year girls.
1934	35.6	38.7	30.8	35.9
1935	25.8	33.7	26.9	25.9
1936	23.7	28.5	21.9	26.3

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes), were :—

Year.	8 year boys.	8 year girls.	12 year boys.	12 year girls.
1934	14.2	14.7	15.0	18.5
1935	10.5	12.5	17.2	15.4
1936	9.2	9.6	12.5	13.1

Taking the figures generally therefore, it can be said that there has been a progressive improvement during the last few years.

All children with defects over 6/9, 6/9, or reading 6/9, 6/9, but exhibiting any signs of eyestrain, were referred for refraction. 404 children fell into this category in 1936 as compared with 462 in 1935.

During the year, particular attention has been paid to myopic children with a view to determining whether any special education for the worst of them was necessary or desirable. In this respect, the categories recommended by the Committee relating to partially sighted children were used as criteria, and it was ascertained that 17 children should be placed in one or other of these groups. This number has therefore been put in the appropriate section in Table III.

**Squint.**—As in previous years, all children discovered to have a squint, even in the smallest degree, were recorded and listed for full examination. Out of 1610 entrants inspected, 102, or 6.3%, showed some evidence of this defect. This is the largest percentage ever recorded, the figures for 1934 and 1935 being 4.6% and 5.1% respectively.

**External Eye Disease.**—In these conditions it is noteworthy that the numbers ascertained at the routine inspections were very small, especially contrasted with the numbers which were found at special examinations. The majority of these special cases were, of course, seen at the clinics in the course of the year. The following defects were found in the course of medical inspection :—

Blepharitis ...	...	16	Corneal Opacities ...	...	3
Conjunctivities ...	...	11	Styes ...	...	2
Other Defects ...		3			

### Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 2.3% of the number examined, as compared with 2.09% in 1935. Until this year, the percentage of children referred for this defect has steadily declined, but it appears probable, unless the actual cause of the condition is discovered, that we have now reached a figure on which we are not likely to improve. Many cases with slight degrees of enlargement were not referred for treatment but placed under observation; the percentage of such cases was 8.8. Once again it was found that the majority of the cases were found in the infant group.

### Ear Disease and Defective Hearing.

Otorrhœa in one or both ears was noted in 68 children in the course of routine medical inspection. Almost all these children were under treatment at the time of examination, as the policy of multiple branch clinics obtaining in Derby has the advantage that any occurrence of a condition of this nature may receive immediate attention.

Defective hearing was noted in 36 children. In most of them, the condition was slight and in none of them were the children seriously handicapped in their education on account of this difficulty.

### Dental Defects.

3664 children were found at the routine medical inspection to have carious teeth. Only the urgent cases were referred direct to the School Dental Clinic, as in the majority of these cases the children are included in the routine age groups inspected by the School Dental Surgeons during the year.

### Orthopædic and Postural Defects.

There was again an increase in the number of defects listed under this heading. The children with slight degrees of spinal curvature increased from 429 in 1935 to 527 in 1936, but the biggest increase occurred in children suffering from rickets, *e.g.*, from 405 to 729. This is certainly disquieting, for while many of these cases were quiescent with bony changes the only sign present, no fewer than 391 were new cases. This is a matter which obviously requires very special investigation, as normally, with the improvement in housing and the ante and post-natal care now given to babies, one might have expected a decrease rather than an increase in children suffering from this disease.

The following deformities were noted at the routine medical inspections :

Rickets	...	...	...	729	Cleft Palate and Hare Lip	16			
Spinal Curvature	...	...	...	527	Infantile Paralysis	...	14		
Slight Chest Abnormalities				53	Torticollis	...	...	...	6
Flat Foot	...	...	...	27	Other Defects	...	...	...	26
Congenital Deformities,									
Talipes, etc.	...	...	...	21					

### Heart Disease and Rheumatism.

The number of children suffering from heart defects (functional and organic) continues to be great, as high as 7.2% being ascertained in 1936. It must be added, however, that many of these defects are of a purely temporary character and are found to have disappeared on subsequent examination. In many of them, a history of rheumatism is obtainable, but in many others



no cause can be assigned. Rheumatism, affecting particularly the limbs, however, is distinctly prevalent, and in spite of the widespread education on this subject, it is surprising to find how trivially many parents regard frequent attacks of rheumatism in their children. The number of children found at routine medical inspections to be suffering from rheumatism was 150.

### **Tuberculosis.**

Thirty-nine cases were referred from routine medical inspection to the Tuberculosis Medical Officer for advice during the year. Seventeen of these were cases who had already been notified and three others had been previously referred to the Tuberculosis Medical Officer. One of these cases from the routine medical inspection was notified as suffering from pulmonary tuberculosis.

In addition to these children, ninety-four special cases were referred to the Tuberculosis Medical Officer for his opinion. Of that number, eight were old notified cases of tuberculosis and thirteen others were children who had been previously referred for opinion. One of these "special" cases was notified as suffering from pulmonary tuberculosis.

### **Other Defects and Diseases.**

**Enlarged Thyroid.**—Enlargement of the thyroid gland was found in 42 instances. The majority of these were only of a slight character. Instructions were given in every case to obtain means to secure a mitigation of this condition.

		<i>Entrants.</i>	<i>Intermediates.</i>	<i>Leavers.</i>
Boys	...	1	3	7
Girls	...	1	5	25

### **VACCINATION.**

941 (12·2%) of the 7,735 children medically inspected were recorded as having been vaccinated.

### **FOLLOWING UP.**

The arrangements for the following up of children suffering from the various defects continued as outlined in the report for 1932.

### **ARRANGEMENTS FOR TREATMENT.**

**Inspection Clinic, Mill Hill Lane.**—This clinic is reserved for children requiring special examination, cases referred from the Children's Welfare Officers, and for intermediate and concluding examinations of children having courses of Ultra-violet Ray treatment. 1,627 attendances were made at this clinic during the year. The following were the types of cases which attended the inspection clinic :—

Bronchitis...	...	...	474	Other Nose and Throat Defects	28
Malnutrition	...	...	242	Non-Pulmonary Tuberculosis	18
Debility	...	...	213	Other Lung Diseases	17
Heart Defects	...	...	192	Anorexia	17
Rheumatism	...	...	111	Worms	14
Anæmia	...	...	103	Asthma	13
Tonsils and Adenoids	...	...	96	Suspected Pulmonary Tuberculosis	13
Deformities	...	...	93	Definite Pulmonary Tuberculosis	10
Vision	...	...	61	Ear Diseases	9
Neurosis	...	...	51	Epilepsy	9
Enuresis	...	...	46	Other Diseases	105
Enlarged Glands...	...	...	35		



**Minor Ailments Clinics.**—These clinics continue to function on the lines indicated in previous reports. In spite of the fact that the Nurses discourage attendance at these clinics for utterly trivial ailments, the numbers, as the subjoined list shows continue to increase.

<i>Minor Ailments Clinic.</i>	<i>Number of cases.</i>		<i>Number of attendances.</i>		<i>Number Average of clinics per held. clinic.</i>	
	1935.	1936.	1935.	1936.	1936.	1936.
Mill Hill Lane ...	5,434	5,854	21,114	22,537	301	74
St. Helen's Street ...	1,273	1,668	5,820	7,166	84	85
Brighton Rd. School ...	1,230	1,473	3,438	4,268	84	51
Pear Tree School ...	1,658	1,908	4,454	5,169	85	61
Traffic St. School ...	1,196	1,561	3,741	4,636	84	55
Firs Estate School ...	1,749	1,881	5,208	5,338	83	64
Nightingale Rd. School	2,214	2,832	6,786	7,943	84	95
Nottingham Rd. School	4,486	4,573	11,875	11,494	84	137

There is no doubt that although a great amount of the time of the Medical Officers is devoted to these clinics, it is time which is well spent and that much unnecessary suffering is thus obviated. At these clinics, situated as they are in every district of the town, there is every opportunity for a parent or teacher to obtain medical advice on any child who appears below par. That the time of the Medical Officers is not wasted on cases which the School Nurse is quite competent to treat herself, may be shown by the fact that, although 14,894 special inspections and re-inspections were made in these clinics by the Medical Officers, the total number of attendances made was 68,551.

**Dental Clinic, Mill Hill Lane.**—The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended ...	...	...	8,079
Total number of attendances ...	...	...	9,879
Total number of clinics held ...	...	...	1,147

Mr. Arthur Stafford, School Dental Surgeon, reports as follows:—

“Inspections.—All the Elementary Schools were visited once during the year. At these inspections, children of all ages were inspected, totalling 17,468, of which 10.2% were found to be sound, 18.1% had slight defects not requiring treatment, and 71.7% required treatment. Of this last group, numbering 12,655, it was only possible to refer 10,696, and of these 61.4% were consents, 26.6% were refusals, while from 12% there were no replies (see Table, page 53).

Treatment.—9,879 attendances at the Clinic were made by 8,079 children.

(a) *Fillings.*—5,461 fillings were inserted in Permanent Teeth and 5 in Temporary Teeth.

(b) *Extractions.*—10,617 Temporary Teeth and 2,686 Permanent Teeth were extracted. 114 of the latter were sound teeth removed for orthodontic purposes.

6,364 general anæsthetics were administered during the year for these extractions, Nitrous Oxide or a combination of Nitrous Oxide and Oxygen being the anæsthetics used, while a local anæsthetic was used on three occasions.

(c) *Other Operations.*—There was the usual small number of cases for the treatment of gum conditions and for the scaling and polishing of teeth, etc., but none of outstanding merit.

**Propaganda Work.**—36 lectures were given to 5,590 children of the senior departments of schools. 2,500 pamphlets on the care of teeth, published by the Dental Board of the United Kingdom were issued during the year for distribution to senior children."

### ROUTINE DENTAL INSPECTION PERCENTAGES.

School.			De- fective but not requiring Treat- ment.	Re- quiring Treat- ment.	Con- sents.	Re- fusals.	No Reply.
Allenton ...	...	17.9	12.9	69.2	58.6	33.5	7.9
All Saints' ...	...	10.5	11.8	77.7	73.1	13.7	13.2
Ashbourne Road ...	...	7.1	21.6	71.3	67.5	21.8	10.7
Boulton ...	...	8.6	28.4	63.0	66.7	10.8	22.5
Brighton Road ...	...	11.0	15.2	73.8	55.8	23.7	20.5
Christ Church ...	...	8.9	15.6	75.5	53.4	32.1	14.5
Clarence Road ...	...	15.2	20.1	64.7	83.2	11.2	5.6
Firs Estate ...	...	11.4	21.0	67.6	60.7	30.1	9.2
Gerard Street ...	...	9.6	18.7	71.7	64.4	18.8	16.8
Kedleston Road ...	...	14.7	6.6	78.7	67.3	21.2	11.5
Nightingale Road ...	...	10.1	27.7	62.2	54.5	29.3	16.2
Normanton ...	...	11.7	16.6	71.7	64.7	30.0	5.3
Nottingham Road ...	...	9.0	18.6	72.4	60.6	18.6	20.8
Nuns Street ...	...	6.8	19.2	74.0	44.0	43.5	12.5
Orchard Street ...	...	7.1	8.4	84.5	48.6	33.1	18.3
Pear Tree ...	...	9.3	15.3	75.4	62.1	31.2	6.7
Practising ...	...	7.6	17.8	74.6	68.8	18.0	13.2
Reginald Street ...	...	15.8	16.7	67.5	61.8	19.4	18.8
Saint Andrew's ...	...	8.9	20.2	70.9	62.8	26.0	11.2
Saint Anne's ...	...	4.6	17.9	77.5	56.2	38.5	5.3
Saint Chad's ...	...	15.7	10.4	73.9	66.7	24.7	8.6
Saint Dunstan's ...	...	5.9	34.2	59.9	56.7	31.1	12.2
Saint James' Church ...	...	6.3	6.3	87.4	67.2	24.6	8.2
Saint James' Road ...	...	8.2	17.4	74.4	63.7	29.6	6.7
Saint John's ...	...	6.8	18.4	74.8	63.2	32.5	4.3
Saint Joseph's ...	...	12.4	20.9	66.7	71.2	21.3	7.5
Saint Luke's ...	...	12.8	24.1	63.1	53.6	37.9	8.5
Saint Mary's ...	...	9.9	10.0	80.1	52.5	31.0	16.5
Saint Paul's ...	...	8.1	18.1	73.8	61.2	29.1	9.7
Saint Peter's ...	...	8.7	23.1	68.2	60.6	20.2	19.2
Saint Thomas' ...	...	3.4	16.8	79.8	66.2	24.1	9.7
Sinfin ...	...	7.8	22.5	69.7	62.4	25.2	12.4
Traffic Street ...	...	6.1	26.4	67.5	51.4	32.9	15.7
Wilmorton ...	...	11.9	24.1	64.0	61.1	28.8	10.1
Aged 5 years ...	...	11.0	40.2	48.8			
" 6 "	...	7.1	31.7	61.2			
" 7 "	...	4.9	23.3	71.8			
" 8 "	...	5.3	20.5	74.2			
" 9 "	...	5.9	17.0	77.1			
" 10 "	...	10.1	14.3	75.6			
" 11 "	...	13.4	8.3	78.3			
" 12 "	...	17.5	4.6	77.9			
" 13 "	...	17.8	1.4	80.8			
" 14 "	...	15.3	.4	84.3			
Percentage ...	...	10.2	18.1	71.7	61.4	26.6	12.0



**Ophthalmic Clinic, Mill Hill Lane.**—The Ophthalmic Clinic, held several times weekly, is generally reserved for refractions and vision testing, but the Consulting Oculist holds a weekly session in which he sees the more difficult visual defects and cases in which orthoptic treatment is advised. This session is also employed for consultation purposes for those more severe eye affections such as Keratitis, etc., which have been seen previously at the minor ailments clinics.

Total number of cases attended	...	...	...	1,381
Total number of attendances	...	...	...	2,506
Spectacles provided at contract rates	...	...	...	966

These cases exhibited the usual variations in defective vision as in previous years, and call for no special comment.

**Orthoptic Clinic.**—This Clinic is held at the Derbyshire Royal Infirmary. It was started in October, 1936, so that up to the present there are no results to be recorded. From October to December, 48 cases were selected as being suitable for treatment by this method, and by arrangement were referred to the Derbyshire Royal Infirmary.

**Aural Clinic, Mill Hill Lane.**—This Clinic is held once weekly, when the School Aurist attends for examinations and general treatment. The number of children who received operative treatment for enlarged tonsils and adenoids in 1936 was 288, compared with 376 in 1935 and 412 in 1934. The general procedure remains as formerly described and operative treatment advised only when conservative measures have failed.

The treatment of otorrhœa continues on both local and general lines. All cases are kept under treatment until clear, and, by the system of multiple clinics which obtains in the town, any recurrence is brought under treatment immediately.

Total number of cases attended	...	...	...	1,089
Total number of attendances	...	...	...	4,663
Number of Clinics held by Specialist	...	...	...	31
Average number per clinic seen by Specialist	...	...	...	56

**Ultra-Violet Therapy.**—This form of treatment can now be regarded as one of the established branches of the School Medical Service. Though its efficacy was doubted in the early days, the fact that it now finds a firm place in our modern hospital system, would apparently indicate that it has gone beyond the experimental stage. The procedure and types of cases treated have been described in previous reports. An interesting feature of this treatment is the frequency with which parents return after a lapse of two or three years and ask for another course of Ultra-violet Ray treatment for their children. As in former years, the most pronounced improvements with general ultra-violet rays have been seen in debility after measles, whooping cough, etc., catarrhal conditions and anorexia. Local conditions successfully treated were chiefly certain skin diseases and chronic ulcers.



**Ultra-Violet Ray Clinic, Mill Hill Lane.**—The following were the types of cases treated during the year :—

Septic Sores ... .. 48	Alopecia Areata... .. 6
Chronic Ulcers ... .. 38	Furunculosis ... .. 5
Erythema Pernio ... .. 35	Ichthyosis ... .. 3
Impetigo Contagiosa ... .. 9	Psoriasis ... .. 3
Dermatitis ... .. 9	Other Diseases ... .. 10
General Debility following infectious diseases, etc. ... .. 196	Rheumatism ... .. 40
Bronchitis... .. 248	Enlarged Glands ... .. 25
Malnutrition ... .. 125	Asthma ... .. 11
Anæmia ... .. 68	Anorexia ... .. 10
Rickets ... .. 59	Neurosis ... .. 9
	Other Diseases ... .. 8
Total number of children attended ... .. 965	
Total number of attendances ... .. 13,346	
Total number of clinics held ... .. 423	
Average number per clinic ... .. 31	
Total number of exposures ... .. 13,387	

In addition, 377 cases referred from the Maternity and Child Welfare and Toddlers' Clinics made 4,536 attendances, receiving 4,536 exposures.

**Ultra-Violet Ray Clinic, Wright Street Nursery School.**—A carbon arc lamp is installed in one of the rooms in the Nursery School, and children requiring this form of therapy can be treated conveniently and without the disadvantage of travelling to another centre.

Total number of children attended ... .. 105
Total number of attendances ... .. 1,702
Total number of clinics held ... .. 68
Average number per clinic ... .. 25
Total number of exposures ... .. 1,702

**Skin Clinic, Mill Hill Lane.**—This clinic is held one afternoon per week. The following were the types of cases treated during the year :—

Ringworm Scalp ... .. 69	Erythema ... .. 9
Dermatitis ... .. 38	Seborrhœa Capitis ... .. 8
Warts ... .. 37	Acne ... .. 7
Alopecia Areata ... .. 23	Scabies ... .. 5
Seborrhœa Corporis ... .. 17	Herpes ... .. 5
Psoriasis ... .. 13	Nævus ... .. 4
Ringworm, Body ... .. 12	Urticaria ... .. 4
Impetigo Contagiosa ... .. 11	Xeroderma ... .. 2
Seborrhœic Dermatitis ... .. 11	Other Defects ... .. 16
Total number of cases attended ... .. 291	
Total number of attendances ... .. 1,513	
Total number of clinics held by Specialist ... .. 41	
Average number per clinic seen by Specialist ... .. 24	

**Orthopædic Clinic, Mill Hill Lane.**—The Orthopædic scheme continues as outlined in a previous report. The Specialist attends weekly for consultation and cases are referred for treatment under three categories :—

- (a) Long term hospital cases—County Orthopædic Hospital, Bretby.
- (b) Short term hospital cases—Borough City Hospital, Derby.
- (c) Minor cases—Orthopædic Clinic.

*Total number of cases attended	...	...	...	453
Total number of attendances	...	...	...	4,952
Total number of clinics held by Specialist	...	...	...	39
Average number per clinic seen by Specialist	...	...	...	19

\* Includes 116 cases referred from the Maternity and Child Welfare and Toddlers' Clinics.

Types of cases examined :—

Spinal Curvature (excluding Tuberculosis)	...	...	...	...	195
Rickets	...	...	...	...	95
Foot Deformities (Pes Cavus, Pes Planus, Hammer Toe, etc.)	...	...	...	...	68
Torticollis	...	...	...	...	32
Congenital Paralysis (Spastics, Spina Bifida, etc.)	...	...	...	...	16
Infantile Paralysis	...	...	...	...	15
Crippling due injury and diseases	...	...	...	...	14
Talipes	...	...	...	...	7
Dislocation Hip	...	...	...	...	4
Tuberculous Hip	...	...	...	...	1
Other Defects	...	...	...	...	35

The touch stone of the orthopædic position lies naturally in the number of new serious cases which arise every year. During 1936, 22 cases of more or less severe crippling were examined at routine medical inspection or at the Clinic for the first time. Of these, 5 children (ages nine to thirteen years) were transfers from another area. Three were old cases, two of Talipes and one of Anterior Poliomyelitis who had previously received treatment in other institutions. The remaining 14 children, whose ages were from five to seven years, and who had all received previous treatment elsewhere suffered from the following conditions.—

Deformities from Birth (Dislocations, etc.)	...	...	...	7
Birth Paralysis	...	...	...	4
Infantile Paralysis	...	...	...	2
Osteomyelitis	...	...	...	1

The incidence of congenital deformities is indeed heavy, but as they do not as yet appear to come into the category of preventable diseases, further comment is scarcely necessary. On the other hand, the absence of any new cases from Talipes is distinctly encouraging as one may reasonably assume from this that the treatment for this deformity is now being started so early and so successfully that severe crippling resulting therefrom is being prevented.

During 1936, two new cases of Infantile Paralysis were notified to the Medical Officer of Health, one of which died.

Summary of treatment :—

(a) At Bretby	...	...	...	...	...	...	1
School child :—							
Anterior Poliomyelitis	...	...	...	...	...	...	1



(b) At the City Hospital	...	...	...	...	...	6
School children :—						
Hallux Valgus	...	...	...	...	...	1
Cerebral Diplegia	...	...	...	...	...	1
Old Tuberculous Hip	...	...	...	...	...	1
Torticollis	...	...	...	...	...	1
Pre-school children :—						
Rickets	...	...	...	...	...	1
Dislocation Hip	...	...	...	...	...	1
Number of X-Ray examinations	...	...	...	...	...	25
(c) At the Orthopædic Clinic :—						
Massage and Exercises	...	...	...	...	...	1,039
Electricity	...	...	...	...	...	488
Radiant Heat	...	...	...	...	...	21
Remedial Gymnastics	...	...	...	...	...	3,246
					—	4,794
Attendances at Splint Maker	...	...	...	...	...	137

### INFECTIOUS DISEASES.

The system of notification by the Head Teachers and Children's Welfare Officers and methods of procedure were continued as in previous years. The total number of notifications received from the school authorities was 1,679. The numbers of children who contracted infectious diseases compared with those from 1933 are shown herewith :—

	1933	1934	1935	1936
Diphtheria	116	130	168	168
Measles	12	2,153	323	1,874
Whooping Cough	136	267	151	204
Scarlet Fever	119	251	274	474
Varicella	1,033	707	395	374
Mumps	57	18	293	113

It will therefore be seen that the incidence of Diphtheria remains fairly high. The Measles seesaw continues as it has done for years, and it is interesting to note that there has been a steady rise in the Scarlet Fever rate extending over the last four years.

The close co-operation between the Health and School Medical Departments has continued as outlined in previous reports.

**School Closure.**—It was not found necessary to close any of the schools during the year.

**Diphtheria Swabbing.**—During 1936, 540 throat and nasal swabs were taken from school children, and of these, 81 were found to contain diphtheria bacilli, a percentage of 15.0.

**Diphtheria Prophylaxis.**—Dr. W. E. Haigh, Assistant Medical Officer of Health, has continued his lectures on this subject to parents at various schools in the town during the year, and has also carried on the immunisation clinics at Derwent Street and in the Schools. The percentage of school children immunised, however, is still very small, and until a higher percentage is successfully inoculated the incidence of diphtheria is not likely to be lowered, on this account, to any exceptional degree.



## OPEN-AIR EDUCATION.

The Open-Air Class at Sinfin School has continued during the year. Fifteen children were discharged in 1936, and seventeen children admitted. The length of time spent by those who were discharged varied from twelve to twenty-six months, and the reasons for those leaving at the end of twelve months were partly on account of great general improvement, but chiefly because of age, as under the present arrangements only children between seven and eleven years can be admitted. All the children who were discharged had improved greatly in health and physique, and their average gain in weight for twelve months was 5lbs. 7ozs. Considering the poverty and the unhygienic condition of the homes of the majority of these children, this increase taken with their general betterment, is entirely satisfactory.

## PHYSICAL TRAINING.

Mr. Mountford, Organiser of Physical Training, reports as follows :—

**General.**—In the past, this report has dealt almost solely with the Physical Education of the school child and the few activities organised by the Education Committee in the Evening Continuation Schools. Reference must now be made to the National Keep-Fit Campaign. The Physical Education of the school child must obviously play a really important part in such a campaign and it would be well to consider the part in relation to the whole.

The Fitter Britain Campaign has been well and truly advertised in the public press and there is little doubt that the official scheme will not be long delayed. Almost daily, some aspect of this idea has been brought before the public and there are few youths, men or women, who have not some knowledge of it. It would appear that the general reactions to the proposed campaign might be summarised in the following way :—

1. There are those who are already keen on their own physical fitness and these naturally welcome the idea. For these, possibly a Keep-Fit Campaign will offer little that is new, because they are, no doubt, already members of some active recreative club and possibly attending a Keep-Fit or physical training class.

2. As always, there is the small apathetic group. The difficulty of dealing with any form of apathy is a real one, and it is possibly the realisation of this difficulty which prompts the suggestion that the group is a small one.

3. It is not remarkable that many have associated this idea with military preparations in days when war-talk is almost a common place topic. What is surprising, however, is the tendency to associate the Keep-Fit Campaign with the old time "jerks." A visit to any school or keep-fit class should soon dispel this idea. Modern Physical Training is bright, breezy and enjoyable and has nothing in common with any idea of militarism. Again the Keep-Fit Campaign includes all kinds of recreative activities, whether they be games, camping, cycling, rambling and many other kindred activities, although it is hoped that these will be run alongside, rather than take the place of Physical Training. Whether war is imminent or not does not provide any sound reason against a health campaign.

4. There are many who believe that nutrition must be attended to before any talk of a Keep-Fit Campaign. This argument has certainly got many followers and has been freely expressed. Probably the large number of unemployed, particularly those in the distressed areas, has prompted such an argument. It must be remembered that this is, at the most, only a small percentage of the population and should not debar a much needed Keep-Fit Campaign for the majority. In Derby it is fairly certain that the percentage is definitely small. From the School Medical Officer's Report for 1935, there were only 8 cases of bad nutrition and of a total of 7847 children examined between 5 and 14 years of age. Of these children the percentage showing excellent and normal nutrition was 91, slightly sub-normal 8.9% and only .1% with definitely bad nutrition. Of course, much is done in the way of providing free meals and free milk for school children, but it is difficult to imagine that there should be a great increase in the cases of malnutrition in people of post-school age. Nutrition may be the first fundamental factor to health, but sleep, fresh air and exercise are none the less fundamental. Mere feeding, without exercise, rest and fresh air would soon produce unfitness. The old saying 'After dinner rest awhile—after supper, walk a mile,' still holds good.

Whatever the Government's scheme will be, it is certain that "Fit Britain" is an ideal which we should have always before us and any scheme which will help towards this ideal should be welcomed by all. Successive Governments, both national and local, along with associations of all kinds, have, during the last century, done much to provide a better standard of life for the individual. It is now time for the individual to make an effort himself to take an active share in the Fitter Britain Campaign. Whatever facilities may be provided, it will largely rest with the individual to make *himself* fit and the real success of the campaign is in his hands. It is a duty to himself, to his children and to the community.

**Present Position.**—For many years past the Education Committee has provided facilities for Physical Education in the Evening Continuation Schools for people of post-school age. The following classes have been run successfully for several years.

Reginald Street	...	...	2 classes	...	Women
Pear Tree	...	...	2 classes	...	Women
Pear Tree	...	...	1 class	...	Men
Brighton Road	...	...	1 class	...	Women
Ashbourne Road	...	...	1 class	...	Women
Ashbourne Road	...	...	1 class	...	Men

The Ashbourne Road class has had an indifferent career but the revival during the past year has been promising. In addition to the above, the following classes have been started this year.

Reginald Street	...	...	1 extra class	...	Women
Nottingham Road	...	...	1 class	...	Women
Nottingham Road	...	...	1 class	...	Men
Orchard Street	...	...	2 classes	...	Women
Orchard Street	...	...	1 class	...	Men
Traffic Street	...	...	1 class	...	Men

The most interesting of these classes is the one for youths at Orchard Street. This is possibly the poorest district in the town and it was felt that



any extension to the Keep-Fit work should be started in such a district where the need was greatest. In starting this keep-fit class, it was decided to organise it as a continuation of the Play Centre idea. Most of the 40 youths attending this class have been members of the Play Centre which has been run at this school for many years. Approximately three quarters of an hour is spent in class-work and the remainder of the time is given to free practice and games, which largely consists of Boxing, Table Tennis and free practice on the vaulting apparatus, Punch balls, Medicine ball, Ropes, etc. The youths strip to the waist for the work and it was soon obvious that more than a rub-down was necessary. Many of the class work in foundries and places of like nature and hot water was needed badly. Members of the Education Committee visited the class and as a result six large footbaths and showers are being installed with hot water supply. This was found to be the maximum that could be done in the limited space available. At the same time the hot water supply was fed to the ordinary school wash bowls and will undoubtedly be a boon to a school of this type. An arrangement with the Swimming Baths provides a supply of towels at a small cost and this proves very satisfactory. The Traffic Street class is similar, but as yet it has not been found possible to make arrangements for showers or baths.

The extra class at Reginald Street was the result of a request from the Midland Drapery Company. The class is about 25 strong and consists solely of shop employees.

The Women's classes at Orchard Street were formed after a demonstration by the Reginald Street Keep-Fit class. On the first evening 29 girls enrolled and the class gradually increased until it was necessary to form two classes each of which was approximately 30 strong.

**Work of Voluntary Organisations.**—It is not as yet possible to make any report on the facilities and work done by these organisations. In the near future probably some central organisation like the Juvenile Organisation Committee will again be formed and individual clubs will register with the Central Council of Physical Training. Classes for leaders will then be more easily arranged.

**Physical Education in Schools.**—The Physical Education of the school child is the real foundation for any Health Campaign and is certainly playing an extremely important part. If this part of the work is to be judged by the facilities for Physical Education which are provided for school, then the part is an excellent one and is improving from year to year.

**Time allotted during school hours.**—Most Schools devote 4 periods per week to Physical activity and we are nearing the time when every School will have its daily period for some form of activity. Usually one period is given to Games, one to Swimming and the remainder to Physical Training lessons. This is especially gratifying when consideration is given to the claims of many other subjects which must be given place in an already overcrowded curriculum. This generous allotting of time to Physical Education offers glorious opportunity for the training of boys and girls, which was not considered possible twenty or thirty years ago.



**Space.**—Physical Activity demands floor space whether in the playground, gymnasium, physical training room or playing field and the nature and quality of activity is largely limited by the space available. Much progress has been made and much remains to be done. The advance has been slow and is unfortunately likely to remain slow, since this is largely a monetary matter and is also made more difficult by the cramped conditions in the older schools.

**Physical Training Rooms.**—Several years ago a detailed report was given showing the limited space which was available for physical training purposes. Since that time the position is much improved, largely owing to re-organisation and the building of new schools. With one or two exceptions, the Senior Schools can now make use of the school hall as a physical training room and several junior schools have the same facilities. Further re-organisation in the near future will again help in this direction and any new schools will no doubt be equipped with gymnasia. Extra classroom accommodation which is being provided at Nottingham Road and Allenton Schools is in the form of physical training rooms. These will, for a time, be used as classroom accommodation but eventually will be used as gymnasia for the use of the senior departments. Additional school buildings are to be erected at Brighton Road and a gymnasium is included in this scheme.

**Playgrounds.**—There is little that can be done in the matter of playgrounds except in the case of new schools. This also applies to the provision of a school playing field attached to the school. These are limited by the space available on the school site. Experience has shown that new school sites on the outskirts of the town are quickly surrounded by houses, and all extension of land becomes impossible. It is often found necessary to increase building with the result that playgrounds and playing fields have to be curtailed. Up to the present there has possibly been a tendency to acquire the minimum, rather than a generous amount of land for school sites. It is hoped that future sites will always cater for a really large playground and ample playing field accommodation which will not suffer unduly should building extensions be required.

**Playing Fields.**—The provision of playing fields is at present under discussion by the Education Committee and it is hoped that Derby will have a truly comprehensive scheme in which all schools can participate. The need for such a scheme has been repeatedly commented upon in these reports.

**Apparatus.**—All schools are provided with physical training apparatus in the shape of balls, ropes, hoops, bean bags, etc. The senior schools are supplied with special apparatus in the shape of balance benches, vaulting apparatus, mats, etc.

**Clothing.**—During the past year over 1,000 pairs of plimsolls were issued to schools. These have a dual purpose, being used in wet weather by poorly shod children, and for physical training. They are used communally and storage presents little difficulty. The provision of knickers, vests and towels has been under consideration, and the Education Committee have decided to make a generous provision during 1937-8. These articles cannot be used communally, and the question of drying and storage will be the chief difficulty to overcome.

**Swimming.**—The Public Swimming Baths are at the disposal of the schools and all Senior and most Junior Schools are allotted as much time as possible. Every available period at the Baths is made use of and with the help of two special Swimming teachers splendid results are obtained. During the past year 1378 children were taught to swim. In addition 950 gained the 2nd Learners Certificate and 1431 qualified for the Distances Certificate ranging from 50 yards to quarter mile.

### **Provision for Out-of-School Activities.**

**Camping.**—A Schools' holiday camp is organised annually during the summer vacation. The camp is primarily to provide a holiday for poorer children, but those who are able to pay for themselves may attend. For six years in succession the camp has been at Abergele, North Wales. Last year 362 boys and 259 girls had one week's seaside holiday. In addition to the usual sea-bathing and games in camp, cheap excursions were organised to various places of interest in the district.

**Play Centres.**—Two play centres are open during the winter months at Orchard Street and Traffic Street Schools. All children in the area may attend. The following activities are arranged:—Play activities such as Boxing, Dancing, General active games, Quiet Table games, Painting and general Art work, Reading, Story-telling and Dramatics, and Handicrafts.

**Schools' Athletic Association.**—The Schools' Athletic Association organises many and varied activities which follow up the Physical activities of school life. Inter-School and Inter-town competitions are arranged in Football, Cricket, Netball, Stoolball and Swimming. A Swimming Gala and an Athletic Sports Meeting are arranged annually. The Association also makes itself responsible for the organisation of Life Saving in which nearly all the Senior Schools take part.

**Folk Dancing.**—The Country Dance Competitions for the Petty and Lewis Shields, as well as Country Dance Parties are organised by the Derby Folk Dance Club. These activities play a decided part in raising the standard of dancing in Schools.

**Conclusion.**—It will be seen from this report that the facilities for the Physical Education of the school child are many and varied and improve from year to year. The better the facilities, the greater the possibilities for Physical Education, and the standard of work has gradually improved. Results, however, do not depend on the facilities alone, but to what extent advantage is taken of them to achieve some definite purpose. It is felt that the real aim and purpose of Physical Education is rarely appreciated. Much lip-service is being paid to it but from a practical point of view there is a danger of the subject becoming an end in itself. The need for a National Keep-Fit Campaign prompts the following questions:—Do the boys and girls who have had 9 years Physical Training leave school with a desire to continue to keep fit? Have they been inspired to take a pride in themselves? Do they habitually carry themselves well? Have they acquired control of their bodies? Have they learned the simple laws of health which go hand in hand with Physical Training? Do they play games and activities for the love of the game and take a real joy in exercise? Or—have they merely learned how



to play games, to swim, to dance and to do exercises and become satiated so that on leaving school they look upon any form of Keep-fit work as something they did at School and no longer interesting ?

Personally, I feel that real success depends on the lines suggested by the above questions. There is a need for teachers with understanding who can train boys and girls physically and at the same time impart the love for exercise and the joy in accomplishment which a well controlled body can give ; teachers who can teach boys and girls to play well and also to inspire them to ' play the game ' ; and so with all the various activities—swimming, dancing, athletics, camping, etc. To leave this to the specialist physical training teacher is not enough. The inspiration must come from the head of the school and be backed-up by every member of the staff whatever his specialist subject may be."

### **PROVISION OF MEALS.**

The provision of solid meals continues on the lines indicated in previous reports. The number of children on the free meals list is now 251, compared with last year's figure of 238. On the part-payment list there are now 118 children, compared with 123 in 1935.

A medical examination of all children for whom free meals were applied was undertaken, and the number of children so examined during 1936 was 122.

The milk scheme continues to be popular, but there was some reduction on the daily average for 1936 compared with that of 1935. The average for 1936 was 11,000 bottles daily of which 2,100 were free issues. The numbers for 1935 were 12,000 and 2,000 respectively. Considering, however, the beneficial effect of milk to the average dietary, it is rather disappointing to report a falling off in the consumption of this excellent food.

### **CO-OPERATION OF PARENTS, TEACHERS, CHILDREN'S WELFARE OFFICERS AND VOLUNTARY BODIES.**

**Parents.**—Every care is taken to notify the parents when the routine medical inspection is being held. Parents were present in 4,029 instances. As very few parents of the twelve-year-old children are present, the percentage is really more satisfactory than it appears. As a matter of fact, in the case of the entrant group, the parents were actually present in 86% of the cases. Parents are instructed to attend at regular intervals during the morning or afternoon so that they do not wait for long periods before interviewing the inspecting Medical Officer.

**Teachers' and Children's Welfare Officers.**—It is again pleasing to record a happy year with regard to harmonious and frictionless co-operation with the Education Department officials, Teachers' and Children's Welfare Officers. To all of these the School Medical Service owes much for suggestions both made and received in the spirit of goodwill and helpfulness, and to all of them I accordingly record my grateful thanks. Particularly I should like to thank Mr. F. Gates, Superintendent Welfare Officer, whose increasing duties have led to a widened sphere of activity with him and the School Medical Department.



## **Voluntary Bodies.**

(a) Invalid Children's Aid Association.—The close co-operation established between the School Medical Department and the Invalid Children's Aid Association was maintained during the year. Many cases have been referred by the School Medical Officer to this Association, who have not only provided allowances for increased food, but have also undertaken to send cases to the seaside and helped them in various ways.

(b) National Society for the Prevention of Cruelty to Children.—I wish to make special acknowledgment to the Officer of the N.S.P.C.C. for his valuable services during the year. The calls made upon him have been particularly heavy and have arisen largely in connection with cases attending the Eye Clinic. His visits were almost entirely successful and were of great assistance to the Department. On the few occasions where his assistance was sought in cases of neglect, an immediate improvement was manifest.

(c) Skegness Seaside Homes.—Every year, through the agency of this Institution, children from all over the town enjoy a week or a fortnight of happy and healthy holiday at this bracing seaside resort, and return very much the better for the change. In assessing the various factors which tend to make and keep the school children of Derby healthy, this Institution undoubtedly takes a very high place.

## **BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

The methods adopted for ascertaining and dealing with children who are defective have been described in previous reports.

**Blind.**—One case of blindness was examined during the year with a view to admission to a Blind Institution.

**Deaf.**—Three children were examined with a view to admission to a Deaf and Dumb Institution.

**Epileptic.**—One case of epilepsy was examined during the year for institutional treatment.

**Mentally Defectives.**—Nineteen children were examined under the Mental Deficiency Act, 1913. Two were certified incapable, by reason of mental defect, of receiving benefit from instruction in a Special School or Class, and seventeen were certified feeble-minded (over sixteen years of age).

**Temple House Special School.**—The number of children who have had the benefit of special training in this School since its opening in 1901 is now 970.

*Admissions.*—Examinations are held periodically during the year, and in 1936, 67 children were brought forward. Of these, 37 were certified as capable of receiving benefit from instruction in the Special School; 34 were actually admitted during the year (including 2 re-admissions), and the remaining three children were admitted to private schools. Thirty were found not to be mentally defective within the meaning of the Act and fit to be retained in the elementary schools.

The following shows the age and sex respectively of the children admitted during the year :—

		<i>Males.</i>	<i>Females.</i>
Aged 6	...	—	1
Aged 7	...	2	—
Aged 8	...	6	4
Aged 9	...	4	3
Aged 10	...	2	2
Aged 11	...	—	4
Aged 12	...	2	2
Aged 13	...	1	—
Aged 15	...	—	1
		—	—
Totals	...	17	17
		—	—

*Discharges.*—The following children were discharged from the School during the year and their present occupation, as far as can be ascertained is noted :—

<i>Males.</i>	<i>Females.</i>
H.H. Foundry Hand.	M.B. Factory Hand.
K.B. Labourer.	R.B. Factory Hand.
A.B. Joiner.	J.S. Residential M.D. Institution.
C.W. Gardener.	E.A. Domestic.
G.J. Core Maker.	I.H. Laundry Hand.
E.S. Errand Boy.	L.E. Factory Hand.
G.D. Boot Factory.	M.S. Factory Hand.
G.H. Home Office Approved	F.F. Factory Hand.
School.	A.B. Left Town.
R.E. Left Town.	I.J. Left Town.
G.M. Boot Factory.	D.S. Residential M.D. Institution.
R.D. Errand Boy.	H.H. Factory Hand.
A.B. Left Town.	E.R. Factory Hand.
J.B. Left Town.	I.M. Factory Hand.

#### **Work of the Local Branch of the Central Association for Mental Welfare.—**

This Association has been in operation since 1931, and its objects have been detailed in a former report. During the year, 78 reports were received on children who were either in or had left Temple House Special School.

**Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.**—There are no centres for Higher Education or vocational training in Derby. Suitable cases requiring such training are sent to recognised Institutions elsewhere. During 1936, one girl was maintained at the British Homes for Deaf and Dumb, London, and two boys at the Home for Crippled Boys, Wright's Lane, Kensington.

#### **NURSERY SCHOOL AND CLASSES.**

The Wright Street Nursery School and the three recognised Nursery Classes continue to function successfully on the lines indicated in previous reports. The children are visited twice weekly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined



at least once per year and treatment inaugurated for any defects. Judged by any standard, these classes are definitely successful.

The number of children examined at the various schools was :—

<i>School.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Wright Street ...	45	40	85
Trinity ... ..	56	59	115
Firs Estate ...	—	53	53
Nuns Street ...	30	21	51
	<hr/>	<hr/>	<hr/>
Totals ...	131	173	304
	<hr/>	<hr/>	<hr/>

## SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

The number of Secondary Schools in Derby is four, viz., The Bemrose School (Boys), Parkfields Cedars Secondary School for Girls, The Derby School (Boys), and The Junior School of Art (Boys and Girls).

### Accommodation.

The Bemrose School ... ..	685
Parkfields Cedars Secondary School for Girls...	402
The Derby School ... ..	300
Junior School of Art ... ..	80
	<hr/>
	1,467
	<hr/>

**Medical Inspection.**—The requirements of the Board with regard to medical inspection have been carried out, all the schools having been inspected during the year. A complete examination, however, was undertaken only for the entrants, twelve and fifteen year old pupils, and any others whom it was thought necessary to examine. Any defects requiring attention are brought to the notice of the parents, together with an offer of any treatment available at the School Clinic. Pupils who do not receive treatment at the Clinic are re-inspected after six months, unless they are known by earlier examination to be definitely remedied.

The total number of pupils inspected was 1,440. Of these, 946 were boys and 494 girls.

**Treatment.**—The forms of treatment available at the Clinic include minor ailments, dental, ophthalmic, nose and throat, ultra-violet rays and ortho-pædic, the conditions regarding payment being similar to those for Elementary School children, with the exception of dental treatment, for which an annual fee of 5s. is charged. The following shows the number of defects treated at the Clinic :—

Visual Defects ... ..	112
Dental Defects ... ..	278
Other Defects ... ..	55

**Continuation Schools.**—The School Medical Service has not up to the present dealt with Continuation Schools.



## PARENTS' PAYMENTS.

No charge is made to parents in respect of treatment of minor ailments, skin, ultra-violet ray, aural (except operation), ophthalmic (except cost of glasses), and orthopædic (except Hospital and Appliances).

For operations for tonsillectomy, a charge of 13s. is made to the parents if the operation is performed at the City Hospital. These amounts cover the entire expense, and there is no cost to the Education Committee. In exceptional cases, however, part payment of this sum may be defrayed by the Authority.

**Dental Treatment.**—For Elementary School children, no definite scale is employed. Parents, however, are informed that some contribution to the cost of treatment is expected. For Secondary School children an annual charge of 5s. is made.

**Orthopædic Treatment in Hospital.**—No definite scale is in operation. All the home circumstances, however, are considered, and a weekly charge made accordingly.

**Spectacles.**—Parents pay for the spectacles themselves, except in such cases where, on account of poverty, the glasses are not likely to be obtained. In these cases, some assistance is given by the Education Authority.

## HEALTH EDUCATION.

General health education is carried on in the schools by the education staff, and the Board's Handbook of Suggestions on Health Education is followed extensively. The Senior Dental Officer, however, gives periodic lectures to the senior children in the elementary schools. Up to now, chiefly owing to lack of time, no definite health education has been undertaken by the Medical Staff.

## EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 370 children were examined as to their fitness to undertake employment, one of whom was certified unfit. At the end of the year there were 236 children registered to work for 141 employers, the majority being engaged on newspaper delivery.

## THE WORK OF THE SCHOOL NURSES.

Eight nurses, including one employed whole-time on orthopædic work, are engaged on the work of the School Medical Services.

### Home Visits.

Infectious Diseases ... ..	169
<i>Re</i> Spectacles ... ..	415
<i>Re</i> Nose and Throat Defects ... ..	442
<i>Re</i> Orthopædic Defects ... ..	203
<i>Re</i> Ultra-violet Rays... ..	72
Unsuccessful ... ..	350
Miscellaneous ... ..	187
<b>Total ...</b>	<b>1,838</b>

**Visits to Schools.**

Number of sessions devoted to vermin inspections	...	...	257
Miscellaneous	...	...	53

**Visits to Nursery Schools.**

Number of visits paid	...	...	229
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**Clinics.**

Minor Ailments Clinic, Mill Hill Lane	...	...	659
Do. St. Helen's Street	...	...	95
Do. Brighton Road School	...	...	84
Do. Pear Tree School	...	...	85
Do. Traffic Street School	...	...	84
Do. Firs Estate School	...	...	83
Do. Nightingale Road School	...	...	168
Do. Nottingham Road School	...	...	168
Inspection Clinic, Mill Hill Lane	...	...	239
Ophthalmic Clinic, Mill Hill Lane	...	...	158
Skin Clinic, Mill Hill Lane...	...	...	43
Aural Clinic, Mill Hill Lane	...	...	31
Ultra-violet Ray Clinic, Wright Street	...	...	68
Do. Mill Hill Lane	...	...	415
Orthopædic Clinic, Mill Hill Lane	...	...	378

**Vermin Clinics.**

Total number of cases attended :—

Body Vermin	...	...	14
Verminous Head	...	...	253
Total number of attendances	...	...	451

Further particulars in connection with this work are given in Appendix, Table IV., Group 6.

**MISCELLANEOUS WORK.**

**Teachers.**—The total number of teachers examined during the year after absence from duty owing to illness was 15. All were certified fit.

**Home Office Schools.**—Twenty children were examined during the year and certified fit.

**Schools Camp.**—616 children were examined before proceeding to the annual Schools Camp at Abergele—354 boys and 262 girls. Two boys and one girl were certified unfit.

**Skegness Seaside Home.**—271 children were examined before proceeding to the Derby and Derbyshire Children's Seaside Home.

**Entertainments.**—20 children were examined and certified fit to take part in entertainments.

**Child Guidance.**—There is nothing fresh to report under this heading. As in previous years, several delinquent and difficult children have been referred for examination and advice, but there is no clinic specially organised for this aspect of child health.

## APPENDIX.

**TABLE I.—MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC  
ELEMENTARY SCHOOLS.****A.—ROUTINE MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	...	2,267
Second Age Group		...	...	...	...	...	1,959
Third Age Group	...	...	...	...	...	...	1,955
							<hr/>
Total							6,181
Number of other Routine Inspections	...	...	...	...	...	...	1,858
							<hr/>
Grand Total							8,039
							<hr/>

**B.—OTHER INSPECTIONS.**

Number of Special Inspections	...	...	...	...	6,646
Number of Re-Inspections	...	...	...	...	19,360
					<hr/>
Total					26,006
					<hr/>

**C.—CHILDREN FOUND TO REQUIRE TREATMENT.**

Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total.
Entrants	12	490	501
Second Age Group	113	245	346
Third Age Group	157	238	371
<hr/>			
Total (Prescribed Groups)	282	973	1,218
Other Routine Inspections	102	285	377
<hr/>			
Grand total	384	1,258	1,595
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TABLE II.

**A. Return of Defects found by Medical Inspection in the year ended  
31st December, 1936.**

DEFECT OR DISEASE.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
Skin	{ (1) Ringworm—Scalp ... ..				5	—	86	—
	{ (2) „ Body ... ..				3	—	135	—
	{ (3) Scabies ... ..				5	—	113	—
	{ (4) Impetigo ... ..				11	—	1577	—
	{ (5) Other Diseases (Non-Tuber- culous) ... ..				51	4	2254	11
	TOTAL (Heads 1 to 5)...				75	4	4165	11
Eye	{ (6) Blepharitis ... ..				13	3	321	4
	{ (7) Conjunctivitis ... ..				10	1	287	1
	{ (8) Keratitis ... ..				1	—	17	1
	{ (9) Corneal Opacities ... ..				3	—	1	1
	{ (10) Other Conditions (excluding Defective Vision and Squint)				6	—	434	8
	TOTAL (Heads 6 to 10)				33	4	1060	15
Ear	{ (11) Defective Vision (excluding Squint) ... ..				384	328	717	320
	{ (12) Squint ... ..				153	81	216	123
	{ (13) Defective Hearing ... ..				21	17	56	28
	{ (14) Otitis Media ... ..				43	28	335	14
Nose and Throat	{ (15) Other Ear Diseases ... ..				10	4	391	12
	{ (16) Chronic Tonsillitis only ... ..				14	102	54	211
	{ (17) Adenoids only ... ..				13	27	37	25
	{ (18) Chronic Tonsillitis and Adenoids... ..				22	10	94	39
(20) Enlarged Cervical Glands (Non-Tuber- culous)...	{ (19) Other Conditions ... ..				158	596	405	930
	{ ... ..				1	36	72	52
	{ (21) Defective Speech ... ..				—	50	1	92

TABLE II. A. (continued).

DEFECT OR DISEASE.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :							
	(22) Organic	...	...	...	29	4	43	14
	(23) Functional	...	...	...	52	478	148	603
Lungs	(24) Anaemia	...	...	...	15	57	118	88
	(25) Bronchitis	...	...	...	197	302	493	316
	(26) Other Non-Tuberculous Diseases	...	...	...	23	40	19	40
Tuberculosis	Pulmonary :—							
	(27) Definite	...	...	...	7	11	8	17
	(28) Suspected	...	...	...	7	8	16	16
	Non-Pulmonary :—							
	(29) Glands	...	...	...	1	4	15	18
	(30) Bones and Joints	...	...	...	8	2	4	6
	(31) Skin	...	...	...	—	—	—	—
	(32) Other Forms	...	...	...	—	—	4	1
TOTAL (Heads 29 to 32)					9	6	23	25
Nervous System	(33) Epilepsy	...	...	...	6	6	11	12
	(34) Chorea	...	...	...	2	2	22	4
	(35) Other Conditions	...	...	...	10	17	47	38
Deformities	(36) Rickets	...	...	...	49	29	65	43
	(37) Spinal Curvature	...	...	...	61	62	146	56
	(38) Other Forms	...	...	...	54	21	140	66
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)					182	313	14,506	389
Total No. of Defects					1,630	2,643	23,408	3,599

TABLE II.—B.

**Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.**

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2267	94	4.15	1841	81.21	331	14.60	1	0.04
Second Age-group	1959	117	5.97	1585	80.91	255	13.02	2	0.10
Third Age-group	1955	209	10.69	1597	81.69	149	7.62	—	—
Other Routine Inspections ...	1858	128	6.89	1584	85.25	145	7.80	1	0.05
TOTAL ...	8039	548	6.83	6607	82.19	880	10.95	4	0.05

**TABLE III.—Return of all Exceptional Children in the Area.****BLIND CHILDREN.**

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	1	2

**PARTIALLY SIGHTED CHILDREN.**

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	17	—	—	17

**DEAF CHILDREN.**

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
20	—	—	1	21

**PARTIALLY DEAF CHILDREN.**

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	—

**MENTALLY DEFECTIVE CHILDREN.****Feeble-Minded Children.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
127	—	—	—	127



**EPILEPTIC CHILDREN.****Children suffering from severe Epilepsy.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	1	—	1	4

**PHYSICALLY DEFECTIVE CHILDREN.****A. TUBERCULOUS CHILDREN.****I.—Children suffering from Pulmonary Tuberculosis.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	41	—	8	56

**II.—Children suffering from Non-Pulmonary Tuberculosis.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	22	2	7	35

**B. DELICATE CHILDREN.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	57	—	—	57

**C. Crippled Children.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	96	1	—	98

**D. Children with Heart Disease.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	3	3

**CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Active Tuberculosis and Feeble-minded ... ..	1	—	—	—	1
Crippled and Feeble-minded	5	—	—	—	5

**TABLE IV.****Treatment Tables.****Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI).**

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
<b>Skin :—</b>			
Ringworm Scalp—			
(i.) X-Ray Treatment .. ..	...	...	...
(ii.) Other " .. ..	90	...	90
Ringworm Body .. ..	136	2	138
Scabies .. ..	104	13	117
Impetigo .. ..	1575	12	1587
Other Skin Disease .. ..	2251	38	2289
Minor Eye Defects .. ..	1030	36	1066
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects .. ..	720	91	811
Miscellaneous .. ..	12031	240	12271
(e.g., minor injuries, bruises, sores, chil- blains, etc.)			
<b>Total .. ..</b>	<b>17937</b>	<b>432</b>	<b>18369</b>

**Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects Treated as Minor Ailments.—Group I.)**

	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise.	Total.
ERRORS OF REFRACTION (including squint). ... ..	1,117	3	1,120
Other defect or disease of the eyes (excluding those recorded in Group I.) ... ..	—	—	—
Total ... ..	1,117	3	1,120
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed ... ..	1,009	2	1,011
(b) Obtained ... ..	867	2	869

**GROUP III.**

**TREATMENT OF DEFECTS OF NOSE AND THROAT.**

Number of Defects.

Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
6	6	97	...	27	18	133	2	33	24	230	2	250	539

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

**Group IV.—Orthopædic and Postural Defects.**

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopædic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
r of ren ed	1	4	270	—	14	50	333



### Table V. Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist

(a) Routine age-groups

AGE	5	6	7	8	9	10	11	12	13	14	TOTAL
Number	2041	1813	1991	2057	2008	2006	1782	1766	1723	281	17,468
(b) Specials	...	...	...	...	...	...	...	...	...	...	130
(c) TOTAL (Routine and Specials)	...	...	...	...	...	...	...	...	...	...	17,598
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	...	12,655
(3) Number actually treated	...	...	...	...	...	...	...	...	...	...	7,801
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	...	...	9,239
(5) Half-days devoted to :—											
Inspection	...	...	149								
Treatment	...	...	1,147								
Total	...	...	1,296								
(6) Fillings :—											
Permanent Teeth	...	...	4,951								
Temporary Teeth	...	...	5								
Total	...	...	4,956								
(7) Extractions :—											
Permanent Teeth	...	...	2,521								
Temporary Teeth	...	...	10,544								
Total	...	...	13,065								
(8) Administrations of general anæsthetics for extractions											6,232
(9) Other Operations :—											
Permanent Teeth	...	...	76								
Temporary Teeth	...	...	12								
Total	...	...	88								

### Table VI.—Uncleanliness and Verminous Conditions.

- |  |        |
|--|--------|
| (i.) Average number of visits per school made during the year by<br>the School Nurses ... ..         | 4      |
| (ii.) Total number of examinations of children in the Schools by<br>School Nurses ... ..             | 36,616 |
| (iii.) Number of <i>individual</i> children found unclean ... ..                                     | 1,290  |
| (iv.) Number of children cleansed under arrangements made by the<br>Local Education Authority ... .. | Nil    |
| (v.) Number of cases in which legal proceedings were taken :—  |        |
| (a) Under the Education Act, 1921 ... ..   | Nil    |
| (b) Under School Attendance Byelaws ... ..   | Nil    |

## APPENDIX.

TABLE I.

Medical Inspections of Children attending Secondary Schools.

## A.—Routine Medical Inspections.

Ages.	7	8	9	10	11	12	13	14	15	16	17	18	Totals.
Boys	10	20	11	35	86	172	173	176	146	88	25	4	946
Girls	..	..	..	17	58	79	94	117	87	33	9	..	494
Totals	10	20	11	52	144	251	267	293	233	121	34	4	1440

## B.—Other Inspections.

Number of Special Inspections	...	...	58
Number of Re-inspections	...	...	481
Total	...	...	539

## C.—Children found to require treatment.

Number of individual children found at Routine Medical Inspection to require treatment (excluding defects of Nutrition, Uncleanliness and Dental Diseases).

For Defective Vision (excluding Squint) ...	...	104
For all other conditions recorded in Table II A.		107
Total	...	203

**TABLE II.—A. Return of Defects found by Medical Inspection in the year ended 31st December, 1936.**

DEFECT OR DISEASE.				Routine Inspections		Special Inspections.	
				Number of Defects		Number of Defects	
				Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	(1) Ringworm—Scalp ... ..			—	—	—	—
	(2) „ Body ... ..			—	—	2	—
	(3) Scabies ... ..			—	—	—	—
	(4) Impetigo ... ..			—	—	—	—
	(5) Other Diseases (Non-Tuberculous) ... ..			14	—	8	1
TOTAL (Heads 1 to 5) ...				14	—	10	1
Eye	(6) Blepharitis ... ..			1	—	1	—
	(7) Conjunctivitis ... ..			2	—	1	—
	(8) Keratitis ... ..			—	—	—	—
	(9) Corneal Opacities ... ..			—	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)... ..			1	—	2	—
TOTAL (Heads 6 to 10) ...				4	—	4	—
	(11) Defective Vision (excluding Squint) ... ..			104	14	136	19
	(12) Squint ... ..			2	—	7	1
Ear	(13) Defective Hearing ... ..			3	—	1	2
	(14) Otitis Media ... ..			2	—	1	—
	(15) Other Ear Diseases ... ..			4	—	1	—
Nose and Throat	(16) Chronic Tonsillitis only ... ..			1	1	—	—
	(17) Adenoids only ... ..			—	—	—	1
	(18) Chronic Tonsillitis and Adenoids... ..			—	—	—	—
	(19) Other Conditions ... ..			5	8	4	20
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..				—	—	—	1
(21) Defective Speech ... ..				—	—	—	1
Heart Disease :							
Heart & Circulation	(22) Organic ... ..			3	—	1	—
	(23) Functional ... ..			10	8	7	15
	(24) Anaemia ... ..			2	1	1	2



**TABLE II. A. (continued)**

Lungs	{	(25) Bronchitis ... ..	1	4	3	1
		(26) Other Non-Tuberculous Diseases ... ..	3	—	1	—
Tuber- culosis	{	Pulmonary :—				
		(27) Definite ... ..	—	—	—	—
		(28) Suspected ... ..	—	—	1	—
		Non-Pulmonary :—				
		(29) Glands ... ..	—	1	1	1
		(30) Bones and Joints ... ..	—	—	—	—
		(31) Skin ... ..	—	—	—	—
	{	(32) Other Forms ... ..	—	—	—	—
TOTAL (Heads 29 to 32)			—	1	1	1
Nervous System	{	(33) Epilepsy ... ..	1	1	—	—
		(34) Chorea... ..	—	—	—	—
		(35) Other Conditions ... ..	—	—	—	1
Defor- mities	{	(36) Rickets ... ..	—	—	—	—
		(37) Spinal Curvature ... ..	21	13	38	15
		(38) Other Forms ... ..	12	4	17	2
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases ...			32	11	37	12
Total ... ..			224	66	271	95

**TABLE IV.**

**Return of Defects Treated during the Year ended 31st December, 1936.**  
**Treatment Table.**

**Group I.—Minor Ailments.**

Disease or Defect.	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—Ringworm Scalp—			
(i.) X-Ray Treatment .. ..	—	—	—
(ii.) Other Treatment .. ..	—	—	—
Ringworm Body .. ..	2	—	2
Scabies .. ..	—	—	—
Impetigo .. ..	—	—	—
Other Skin Disease .. ..	10	4	14
Minor Eye Defects .. ..	3	2	5
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects .. ..	2	7	9
Miscellaneous .. ..	19	—	19
(e.g. minor injuries, bruises, sores, chilblains, etc.)			
Total .. ..	36	13	49

**Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).**

	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	112	30	142
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)... ..	—	—	—
<b>TOTAL</b> ... ..	<b>112</b>	<b>30</b>	<b>142</b>
	Under the Authority's Scheme.	Otherwise.	Total.
No. of children for whom spectacles were			
(a) Prescribed ... ..	102	30	132
(b) Obtained... ..	99	30	129

**Group III.—Treatment of Defects of Nose and Throat.**

Number of Defects.													
Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	—	—	1	—	—	1	1	—	—	1	5	7

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.  
 (iv) Other defects of the nose and throat.

**Group IV. Orthopædic and Postural Defects.**

	Under the Authority's Scheme.			Otherwise.			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopædic Clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopædic Clinic	
No. of children treated	—	—	14	—	3	2	18

**Table V. Dental Inspection and Treatment.****(1) Number of Children who were:—****(a) Inspected by the Dentist:**

Routine Age Groups .. .. Nil.

Specials .. .. 278

**(b) Found to require treatment** .. .. 278**(c) Actually treated** .. .. 278

<b>(2) Half-days devoted to</b>	{ Inspection —	Total ..	—
	{ Treatment —		

**(3) Attendances made by children for treatment** .. .. 640

<b>(4) Fillings</b>	{ Permanent Teeth 510	Total ..	510
	{ Temporary Teeth Nil		

<b>(5) Extractions</b>	{ Permanent Teeth 165	Total ..	238
	{ Temporary Teeth 73		

**(6) Administrations of general anæsthetics for extractions** .. 132

<b>(7) Other operations</b>	{ Permanentteeth 10	Total ..	13
	{ Temporary teeth 3		





iv.--PREVALENCE OF, AND  
CONTROL OVER, INFECTIOUS  
AND OTHER DISEASES.

---

INCLUDING REPORTS BY

DR. HAIGH, Assistant Medical Officer of Health ;

AND

DR. RICHARDS, Venereal Diseases Medical Officer.

## COMMUNICABLE DISEASES.

The Department has been fully occupied with epidemics of the commoner infectious diseases throughout the year, which provided a conjunction of the periods of expected increases in their prevalence. Scarlet Fever became epidemic the previous autumn and so continued throughout 1936, a considerable epidemic of German Measles occurred, Measles produced a moderate epidemic together with two minor outbreaks, and Whooping Cough was more prevalent. Diphtheria showed little change in incidence, but gave less cause for anxiety, as there was no evidence of the presence of the dangerous "gravis" strain. This disease is often noted to become more prevalent after an outbreak of Scarlet Fever, but remained very quiet in the autumn, from which we might augur that more widespread immunisation is beginning to affect the case rate.

Influenza, which was expected to appear in December, arrived in time for the Christmas movement of people and the Pantomime season ; its progress will be reported next year.

The experiences gained by the intimate study during their epidemic phase of these diseases communicated by "droplet infection" are of great value and certain points of interest are discussed in their proper place, but one of general import can now be enunciated. A new and vitally important change in habit has developed not only of the population as a whole, but of the children even of tender ages in urban communities ; I refer to the enormous weekly attendances at cinemas, all of which are crowded on Friday and Saturday evenings, all of which run matinees or special afternoon shows for children, and to which very young children crowd without adult supervision. Many young children appear to attend weekly, and my evidence has been most conclusive that *the cinemas are the main focus for the spread of measles from school to school*, or to separate areas of the town, and the crowded evenings at the week-end are of importance in the spread of Scarlet Fever amongst adolescents and adults.

### Home Nursing.

Trained nursing assistance for cases of Pneumonia was provided in 27 instances, 22 of which recovered. For certain other cases the Works Welfare nurses were in attendance. Similar help was provided by the Corporation for 36 cases of Measles.

### Infectious Diseases Hospitals.

The provision of treatment for infectious diseases is one of the longest established services of local sanitary authorities.

#### DERBY.

For many years a group of temporary barracks at Rowditch had to suffice for dealing with epidemics of TYPHOID and SMALLPOX until the present Isolation Hospital was opened in 1890 for the reception of SMALLPOX and SCARLET FEVER. The Royal Infirmary continued its voluntary work of receiving Typhoid, Diphtheria and Scarlet Fever until the new hospital was extended by 20 beds in 1894, after which date ALL SCARLET FEVER CASES were dealt with at Little Chester.

When the severe epidemic of Smallpox which occurred in the first years of the century had subsided, a reorganisation of services took place, DIPHTHERIA,



which had reached epidemic proportions in the borough, could not be dealt with at the Infirmary where 20 beds only were available, and cases were transferred to the Isolation Hospital from July, 1907.

Thus the Hospital became established for the routine treatment of Scarlet Fever and Diphtheria until the war—when cases of CEREBRO-SPINAL FEVER had to be admitted, and odd cases of MEASLES, etc., were taken in. When MEASLES became compulsorily notifiable in 1916, institutional provision had to be considered, and many cases were admitted in 1917 and subsequently.

The addition of the cubicle block in 1932 was intended to complete the provision for the suitable isolation and nursing of any notifiable or communicable infection.

Infectious diseases, by their nature, give rise to special problems in their demands for institutional treatment. There are seasonal variations in incidence and probably other periodical variations which affect the country as a whole.

The amount of accommodation which can deal satisfactorily with these diseases at periods when the incidence is high must be excessive for periods when the incidence is low, and it is, therefore, to some extent inevitable that an isolation hospital should have full and economical use made of its facilities for a smaller part of its total life than a hospital for disabilities of more constant incidence.

In addition to these widespread variations there are local outbreaks of infectious disease. The effects of such local variations can be minimised by increasing the area served by an isolation hospital, and motor transport has greatly reduced the practical difficulties of such an extension.

In a Teaching hospital, in order that Nurse pupils may obtain adequate experience of the practice of nursing, full use of available beds has also to be considered.

When the figures of total days of bed occupation are studied, it will be found that there has been no dearth in the provision of cases, rather a tendency to overcrowd.

### **BOROUGH ISOLATION HOSPITAL—IN-PATIENT DAYS.**

<i>Year.</i>	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Others.</i>
1933	5,902	8,926	5,314
1934	9,825	9,800	10,448
1935	10,420	11,138	3,732
1936	17,873	10,075	5,422

The factors which make up the total local provision of cases are worthy of consideration.

The periodicity of infection amongst the child population, with regular autumnal increases, is complicated by the varying times at which different diseases are likely to develop into epidemics—*e.g.*, Scarlet Fever becomes epidemic about every six years, Measles every two years, and others may become epidemic at varying periods. Thus it may arise that Diphtheria, Scarlet Fever, German Measles and Measles are epidemic about the same time, as occurred during 1936, and also in 1929-30, when the nursing of Scarlet Fever was greatly complicated by the presence of many cases suffering from Diphtheria at the same time or harbouring Diphtheria in their throats.

It is now the practice of the City Hospital to transfer all cases which need isolation, whether for a specific disease or for observation, *e.g.*, all cases of Erysipelas, infectious in theory rather than practice, which should not be nursed in surgical wards and tend to increase during periods of streptococcal dominance.

Any infection which occurs amongst the Nursing Staffs of all the Hospitals in the Borough is immediately transferred, and these have been responsible for the occupation of many beds.

Whooping Cough remains endemic, tending to move from one area of the town to another and manifesting an increase in cases about every two years. If of local prevalence during a measles outbreak, it is certain to present problems of cross-infection amongst such cases admitted to hospital.

Over and above the problem of double infection, accidental cross-infection in the general wards, especially by Chickenpox cannot always be avoided, thus a Medical Superintendent must have an adequate number of individual or small cubicles available to maintain satisfactory *isolation of disease*.

*Scarlet Fever*.—Hospital provision for this group needs special consideration in view of new knowledge.

The hospitalisation of Scarlet Fever has been complicated for many years by the problem of *return cases*, *i.e.*, by the occurrence of one or more fresh cases in the home within an arbitrarily fixed period of twenty-eight days after the return of a convalescent from the Isolation Hospital, in spite of instructions as to care about sleeping accommodation and the practice of a modified segregation. Such mishaps occur every year; many or most can only be explained by the presence of the convalescent as a carrier of infection, even in families where every possible precaution has been taken. On the other hand, the release of convalescents from isolation when they have been nursed at home rarely gives rise to a second case. Thus it has to be admitted that a convalescent returning from Hospital may be more of a danger to other (susceptible) members of the family.

Recent researches of great importance (quoted in the last Annual Reports of the Chief Medical Officer, Ministry of Health) help to explain these annoying circumstances and suggest that current practices need to be overhauled.

1. The infecting organisms can be classified into different strains by serological analysis (Griffith). Each individual case is reacting to and continues to harbour its primary infecting strain, and groups of cases infected from the same source will be identical as to strain. If kept isolated in cubicles from other cases harbouring other strains, the infecting strain can be recovered unchanged until the throats are clear.
2. Patients deriving from different localities or sources of infection will not be suffering from identical infecting strains, so that many strains may be present in the common group of Scarlet Fever cases nursed in an open ward. It has been found that a large proportion of such cases lose their primary infecting strain and carry another strain when convalescent, which they must have derived directly or indirectly from others. The greatest care in nursing cannot prevent this, as some patients will be moving about in an open ward.



3. It has been demonstrated (Allison and Brown) that a *considerable degree of aerial contamination* takes place in wards, mainly, if not entirely, during the daily activities, as proved by the exposure of culture plates.
4. *Complications* occurring in individual cases can be classified by serological findings of the infecting type ; it seems clear that early complications are due to the primary infection, those occurring in the second week may be due to the primary or some other type, whereas *after the second week the complications are generally due to infection with another strain*. This process readily explains relapses which may occur in an open ward.
5. The carrier rate in Scarlatinal convalescents is very high, over 80 per cent. of a series of 848 patients were found to be carriers, therefore bacteriological control of convalescents as to their fitness for discharge is not a practicable measure. Profuse carriers are more likely to give rise to "return" cases.
6. "Return" cases are to be explained therefore as being infected by a strain of the hæmolytic streptococcus which has been acquired by the convalescent from the hospital environment, and which was not the cause of the primary disease. The family, having been subjected to this primary strain for a short time prior to its removal to hospital, would have acquired some immunity, but not necessarily to a new strain. The finding in "return" cases of the same serological type as that in the discharged convalescent supports this view.
7. In consequence of the great demand for beds during an epidemic, there is always a possibility of crowding, both in acute and convalescent wards, and the likelihood of individual cases becoming carriers of one or more new strains.

Following the above reasoning, it has been our practice to discriminate with some care as to the admission of simple cases of Scarlet Fever to Hospital, and to reduce the number of admissions to those where nursing in the home would be likely to increase the spread of infection through failure of isolation, sick or incompetent mothers, etc. We may often fail ; cases may be admitted at the request of Medical Practitioners out of office hours which could have been nursed at home. But whatever is done, there is always the danger of congestion in the Hospital during an epidemic unless other infections are in abeyance, and there is a good case for an increase in the number of beds available in cubicle blocks.

The removal of cases of mastoiditis, etc., from the wards of General Hospitals is most desirable, should they be infected with the prevalent streptococcus ; there is an increasing demand that such cases should be admitted as observation cases, which implies the use of cubicle beds—a further argument for the increase of such accommodation.



# Cases of Infectious Disease Notified during 1936.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.												TOTAL CASES NOTIFIED IN EACH WARD.												Non-Residents.	Total Cases re- moved to Hospital.						
	At all ages	At Ages—Years.											Abbey.	Alvaston.	Arboretum.	Babington.	Becket.	Bridge.	Castle.	Dale.	Derwent.	Friar Gate.	King's Mead.	Litchurch.			Normanton.	Osmaston.	Pear Tree.	Rowditch.		
		Under 1.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65																			65 and upwards.	
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Diphtheria (including Membranous Croup)	...	251	7	5	13	13	22	112	46	12	17	2	1	1	10	19	3	7	10	19	19	5	30	17	46	17	5	31	5	7	1	228
Erysipelas ... ..	56	...	...	2	1	1	1	1	...	3	5	10	21	12	3	3	2	3	3	4	1	2	5	5	5	4	2	3	7	6	...	29
Scarlet Fever ... ..	764	2	14	27	33	48	325	153	48	87	20	7	...	37	57	25	26	23	21	25	38	70	62	32	38	62	151	36	60	1	499	
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Enteric Fever ... ..	3	...	...	...	...	...	...	...	...	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Continued Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Puerperal Fever ... ..	10	...	...	...	...	...	...	...	1	6	3	...	...	...	1	1	...	1	1	1	...	3	...	...	...	...	1	...	...	2	...	
Puerperal Pyrexia ... ..	45	...	...	...	...	...	...	...	2	38	5	...	...	1	4	1	...	3	1	2	2	3	2	...	...	...	3	4	2	413	...	
Cerebro-Spinal Fever ... ..	3	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	
Polio-myelitis ... ..	3	1	...	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Acute Polio-Encephalitis...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Acute Encephalitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Lethargica ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Pneumonia ... ..	145	7	8	6	6	5	9	5	11	25	22	30	11	6	13	9	7	11	7	13	2	6	4	10	7	12	16	6	16	...	...	
Malaria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dysentery ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Pulmonary Tuberculosis...	122	...	...	...	...	...	...	4	3	12	40	16	44	3	5	13	6	8	4	7	5	5	8	15	5	6	15	6	10	...	123	
Other forms of Tuberculosis	35	3	...	2	...	1	6	8	5	7	2	1	...	1	6	...	3	2	...	1	2	6	2	3	2	...	3	1	3	...	4	
Ophthalmia Neonatorum...	27	27	...	...	...	...	...	...	...	...	...	...	...	...	1	3	3	2	2	1	2	2	2	2	2	2	3	1	...	1	...	
Measles and German Measles ... ..	2755	93	140	181	227	296	1493	218	41	57	7	2	...	125	58	89	115	125	122	232	117	208	331	269	146	221	300	177	119	1	108	
*Chicken-pox ... ..	503	25	26	34	42	39	308	28	...	1	...	...	...	19	25	25	7	21	7	49	8	30	49	48	15	21	98	40	41	...	8	
*Whooping Cough ... ..	543	59	88	49	60	82	197	7	1	...	...	...	...	23	71	43	19	16	18	47	14	29	21	39	28	35	82	38	18	2	70	
Totals ... ..	5265	226	281	314	384	494	2456	468	136	283	89	107	27	233	273	206	198	221	205	401	196	394	503	469	265	371	705	318	286	21	1072	

\* Not compulsorily notifiable.

**Notifiable Diseases during the Year.**

DISEASE.	<i>Total Cases Notified</i>	<i>Cases admitted to Hospitals</i>	<i>Total Deaths.</i>
Smallpox ... ..	...	...	...
Diphtheria ... ..	251	228	11
Scarlet Fever ... ..	764	501	2
Enteric Fever (including Paratyphoid) ... ..	3	3	1
Puerperal Fever ... ..	10	10	5
Puerperal Pyrexia ... ..	45	37	1
Pneumonia ... ..	145	84	41
Erysipelas ... ..	56	32	5
Cerebro-Spinal Fever ... ..	3	3	2
Continued Fever ... ..	...	...	...
Poliomyelitis ... ..	3	3	1
Encephalitis Lethargica ... ..	...	...	...
Polio-Encephalitis ... ..	...	...	...
Malaria ... ..	...	...	...
Ophthalmia Neonatorum ... ..	27	8	...
Measles and German Measles...	2,755	114	3
Chicken Pox ... ..	503	12	...
Dysentery ... ..	...	...	...
Whooping Cough ... ..	543	71	7
Tuberculosis— (incl. obs. cases)			
Pulmonary { Males ... ..	66	130	47
{ Females ... ..	56	79	33
{ Total ... ..	122	209	80
Non- { Males ... ..	15	21	6
Pulmonary { Females ... ..	20	18	7
{ Total ... ..	35	39	13

**BACTERIOLOGICAL etc., EXAMINATIONS.**

The following is a summary of examinations made during the year 1936 :—

**BOROUGH LABORATORY (Isolation Hospital).**

Swabs for Diphtheria ... ..	5,720
Swabs for Vincent's Angina ... ..	47
Sputa by ordinary method ... ..	2,879
Sputa by E and E method ... ..	505
Others ... ..	1,732

Borough Laboratory Total ... .. 10,883

**COUNTY LABORATORY.**

Swabs for Haemolytic Streptococci ... ..	47
Urine Specimens ... ..	11
Eye Cultures ... ..	15
Blood for Widal's Reaction ... ..	8
Others ... ..	78

County Laboratory Total ... .. 159

Grand Total ... .. 11,042

Summary of Cases of Infectious Disease notified in each Quarter during 1936.

Quarters.	Totals	Small Pox.	Scar-let Fever.	Diph-theria including Mem-branous Croup.	En-teric Fever	Erysipelas.	Puer-peral Fever	Puer-peral Pyrexia.	Cerebro Spinal Fever.	Polio-m'elitis.	Acute Polio-encephalitis.	Continued Fever.	Acute Ence-phalitis Leth-argica.	Pneumonia.	Malaria.	Chicken Pox.	Dysentery.	Pulmon-ary Tuber-culosis.	Other Tuber-culous Diseases	Oph-thalmia Neona-torum	Measles and German Measles	Whooping Cough.
First ..	1582	...	306	56	...	15	...	4	2	1	...	...	...	59	...	181	...	38	9	3	758	150
Second	2291	...	193	87	2	17	6	10	...	1	...	...	...	16	...	172	...	22	8	8	1519	230
Third ..	545	...	98	49	1	6	4	16	...	1	...	...	...	28	...	39	...	25	3	13	186	76
Fourth	847	...	167	59	...	18	...	15	1	...	...	...	...	42	...	111	...	37	15	3	292	87
Year ..	5265	...	764	251	3	56	10	45	3	3	...	...	...	145	...	503	...	122	35	27	2755	543
Deaths Regist'd in 1936	194	...	2	10	1	3	4	...	2	1	...	...	...	67	...	...	...	80	13	...	3	8



Number of Visits made by Health Visitors											Totals.
											6,953
<i>Cases Isolated. Borough Hospital :—</i>											
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	499
Diphtheria	...	...	...	...	...	...	...	...	...	...	228
Measles	...	...	...	...	...	...	...	...	...	...	108
Erysipelas	...	...	...	...	...	...	...	...	...	...	29
Enteric Fever	...	...	...	...	...	...	...	...	...	...	3
Whooping Cough	...	...	...	...	...	...	...	...	...	...	70
Chicken Pox	...	...	...	...	...	...	...	...	...	...	8
Mumps	...	...	...	...	...	...	...	...	...	...	4
Infective Jaundice	...	...	...	...	...	...	...	...	...	...	1
Diphtheria Carriers	...	...	...	...	...	...	...	...	...	...	2
Observation	...	...	...	...	...	...	...	...	...	...	60
<i>Cases Removed to Borough Sanatorium :—</i>											
Pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	...	123
Non-pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	...	4
<i>Cases Isolated. Derbyshire Royal Infirmary :—</i>											
Erysipelas	...	...	...	...	...	...	...	...	...	...	2
Pneumonia	...	...	...	...	...	...	...	...	...	...	8
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	4
Cerebro Spinal Fever	...	...	...	...	...	...	...	...	...	...	1
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	1
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	1
Measles	...	...	...	...	...	...	...	...	...	...	3
Pulmonary Tuberculosis (Derby Cases)	...	...	...	...	...	...	...	...	...	...	4
Non-pulmonary Tuberculosis (Derby Cases)	...	...	...	...	...	...	...	...	...	...	14
<i>Cases Isolated. City Hospital :—</i>											
Measles	...	...	...	...	...	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	...	...	...	...	...	67
Erysipelas	...	...	...	...	...	...	...	...	...	...	1
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	1
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	4
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	17
Whooping Cough	...	...	...	...	...	...	...	...	...	...	1
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	5
Chickenpox	...	...	...	...	...	...	...	...	...	...	4
Pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	...	82
Non-pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	...	14
<i>Cases Isolated. Children's Hospital :—</i>											
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	1
Cerebro Spinal Fever	...	...	...	...	...	...	...	...	...	...	2
Measles	...	...	...	...	...	...	...	...	...	...	2
Pneumonia	...	...	...	...	...	...	...	...	...	...	4
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	1
Non-pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	...	7
<i>Cases Isolated. Nightingale Nursing Home :—</i>											
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	9
„ Fever	...	...	...	...	...	...	...	...	...	...	2
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	2
<i>Cases Isolated. Women's Hospital :—</i>											
Pneumonia	...	...	...	...	...	...	...	...	...	...	1
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	10
<i>Cases Isolated. Mental Hospital :—</i>											
Pneumonia	...	...	...	...	...	...	...	...	...	...	3
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	1
<i>Cases Isolated. Queen Mary Nursing Home :—</i>											
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	...	...	...	...	...	1

## Scarlet Fever.

Since my review of this disease in the Annual Report for 1930, there has been a considerable advance in our knowledge, and it is now generally accepted that cases of Scarlet Fever are just a part of a much more widespread infection by the most important human streptococci, the hæmolytic streptococci of the pyogenes group.

The number of cases diagnosed as Scarlet Fever and notified as such does not include concurrent infections, identical as to the causative agents, which differ only in occurring in subjects who are not susceptible to the rash-producing toxin of the hæmolytic streptococcus concerned, and which infections may cause tonsillitis, middle ear disease and mastoiditis, erysipelas or puerperal septicæmia. The usual symptoms of throat infection accompanied by a characteristic rash are our chief source of knowledge of the presence of some of the many strains of hæmolytic streptococci, and provide opportunity for public health measures of isolation to be enforced, but they often leave us "guessing" as to the real sources of infection amongst the general public.

Whereas diagnosed Scarlet Fever at the present time appears to be a mild disease, the other effects of infections by hæmolytic streptococci in general are often serious, and may lead to grave and permanent damage to health, with death in many cases. These streptococci are not normal inhabitants of the throat, but become widely distributed at certain seasons of the year among the population, and are spread from the throat partly through coughing, etc., being conveyed by droplets, but also by contaminated hands and handkerchiefs, directly or indirectly. The readiness with which they are transferred from person to person has been revealed by systematic bacteriological observations on children in hospitals and residential schools. The particular form of disease which follows infection depends to a certain extent on the serological type of the infecting agent, its virulence and power to determine a "rash," and the degree of immunity possessed by the infected subject. It is not possible to reduce the incidence of a disease such as Scarlet Fever by any method of public control at present available, when it is understood that Scarlet Fever is only one of the manifestations of streptococcal infection. The general rules of isolation, spacing out of susceptibles, etc., become inoperative in crowded urban communities when the greater proportion of those infected or carrying infection remain unrecognised and free to mix with others.

In consequence, we have to record periodical epidemics, about every six years, best explained by the natural phenomena of falling immunity in those who may at one time have acquired a partial immunity, together with an increasing admixture of younger non-immunes into the local 'herd.'

Such an epidemic commenced in September 1935 after the elementary schools had re-assembled, and continued practically throughout 1936, with a period of relative slackness during the summer, but rapid increase after the vacation in some schools hitherto untouched. Approximately 1,000 cases were notified during this period, which compares favourably with the last epidemic of 1929-30, a much more widespread invasion lasting for about 12 months and involving approximately 1,550 persons.

A similar progress of the prevalent infection was noted—at first, the bulk of cases occurred in school children, with secondary infections at home amongst



the pre-school group, to be followed by more and more cases amongst adolescents and adults. The usual increase of 'return' cases developed in the homes of patients discharged from hospital.

Much more can be learned by the detailed study of this disease during epidemic prevalence and an analysis of the figures for 1936 (764) reveals the familial spread. Two cases occurred in 65 families ; three cases in 19 families ; four cases in three families, and in three families where isolation was negligible there were five, five and six cases.

A history of sore throat without manifest rash was recorded in 25 persons, in homes where others were later diagnosed as Scarlet Fever. Sore throats without rash were also recorded in 20 others after cases of Scarlet Fever had been isolated. Several notifications enabled one to make a diagnosis of a previous (missed) case.

The infectivity of such sore throats and their real inclusion in the epidemiological process is best understood by the effect on parents. During the year 17 mothers contracted Scarlet Fever from nursing authentic or missed cases, and many more are included in the above figures for sore throats without rash.

Second attacks were recorded in seven children who had previously had the disease in 1934 or 1935, and one boy of eight years had a third attack.

The effect of the widespread community infection was felt in the general hospitals ; eight cases were removed from the Children's Hospital, 13 from the Royal Infirmary and six from the City Hospital. As a result of infection, diagnosed or not, admitted to Institutions, cases occurred amongst the Nursing Staffs of all ; one in the Royal Infirmary and the Children's Hospital, two each in the Women's Hospital and the Mental Hospital, and six in the City Hospital.

These cases occurred in groups ; patients infected nurses or vice-versa ; one group at the Royal Infirmary occurred in the Ear, Nose and Throat Block.

At the City Hospital there seemed to be a direct association between admissions of cases to certain wards for the removal of tonsils and adenoids, the treatment of middle ear disease or mastoiditis and scarlatinal infection of nurses or other patients, the latter perhaps by nurses acting as carriers (135 children were admitted during 1936 for tonsillectomy, etc.).

The admission of children with infected tonsils carrying streptococci or in whom a definite Scarlatina may light up after operation cannot be foreseen, and in view of the large numbers admitted each year, such experiences are disconcerting. It has been suggested therefore that the Nursing Staff should in future be immunised against Scarlet Fever as a routine measure, and, when this disease is epidemic, Tonsil and Adenoids cases should be given a prophylactic dose of scarlatinal anti-toxin.

### **Scarlet Fever in Adolescents and Adults.**

There appeared to be an undue proportion of adults affected during the continuance of the epidemic, therefore an analysis of cases in age group 15 and over has been compiled.



<i>Occupations.</i>	<i>Sept. 1—</i>		
	<i>Dec. 31,</i>	<i>1936.</i>	<i>Total.</i>
	<b>1935.</b>		
Nurses and Doctors ... ..	1	16	17
Patients in General Hospitals ... ..	2	9	11
School teachers ... ..	—	4	4
Mothers of patients or of missed cases ... ..	9	17	26
Fathers do. do. ... ..	1	4	5
Engaged in Shops and Offices ... ..	4	26	30
Messengers ... ..	1	3	4
Conductors of Public Vehicles ... ..	2	2	4
Laundry workers ... ..	1	4	5
Males in factories and works ... ..	5	25	30
Females in mills and factories ... ..	10	27	37
Females at home ... ..	5	18	23
Other occupations ... ..	1	8	9
Totals ... ..	42	163	205

(Epidemic of approximately 1,000 notified cases.)

The natural history of Scarlet Fever, where endemic, may be summarised as showing chief incidence in the age group five to ten years, with home and local spread involving children of pre-school age; evidence of infection in older age groups will follow later if the disease becomes epidemic—the period of widespread streptococcal prevalence.

The practice of efficient isolation at the onset of infection, which has been in vogue for the last 40 years, has naturally reduced the chances of those in older age groups developing a full immunity, such protection as they have obtained becomes attenuated during non-epidemic periods and in any epidemic ten per cent. or more may contract recognisable Scarlet Fever.

Such conditions did not always obtain; before the days of hospital isolation, Scarlet Fever assailed young children in far greater proportion, and the age group one to four years had a considerable mortality. The widespread incidence year by year affecting children under ten years of age would produce a much more permanent immunity in following years amongst adolescents and young adults.

In his annual report for 1900, Dr. W. J. Howarth, then Medical Officer of Health, reviewed the history of Scarlet Fever in Derby from the commencement of notification (1880) and produced statistics and graphs from which he adduced that the greater facilities provided for the isolation of the sick had reduced the incidence of infection as regards the most susceptible ages one to four years; during the period 1880-1888, the average annual percentage of cases in this group to total cases was 25 per cent., whereas for the period 1889-1900, during which hospital isolation was much more complete, it was *reduced* to 18 per cent. On the other hand, he recorded that the annual percentage of cases in the age group 15 and upwards, less than eight per cent. in the first period, *increased* to 11 per cent., and there was also an increase of cases in the age group 10 to 15, from which he adduced that the diminished attack rate at earlier years was counteracted by an increased attack rate at a later age.

Whilst there has been a steady alteration in the proportions of the population at risk for the differing age periods as revealed by each decennial census,

such an increase in the proportion of cases at higher age groups is significant, and continues to be so in later years.

The occurrence of diagnosable Scarlet Fever in adolescents and adults during non-epidemic periods is casual and of no epidemiological importance, whereas something may be learnt from a study of different epidemics. I have, therefore, taken out the figure for each succeeding epidemic, generally over two years, but no separation as to age groups is possible for a portion of the first year—although an epidemic “begins” in the third quarter. In consequence, we can assume that the proportion of cases in the age group 15 and upwards is greater than the table indicates.

**Table showing Age Incidence of Scarlet Fever during Epidemics.**

<i>Years.</i>	<i>Total cases.</i>	<i>Under 5 years.</i>	<i>5-15 years.</i>	<i>15 years and over.</i>	<i>Percentage of cases occurring at 15 and over to total cases.</i>
1904-5	1,179	255	754	170	14
1910-11	1,077	215	743	118	11
1914-15	1,279	239	886	154	12
1920-22	1,530	210	998	322	21
1929-30	1,879	254	945	480	25
1935-36	1,207	213	755	239	20

From this resumé of different epidemics one learns that the proportions ascertained by Dr. Howarth continue as approximations until after the war, when an entirely new proportion of cases at older years was manifest and has continued subsequently. No explanation is forthcoming; one might surmise that the prevalent strains were more “rash-producing.” This was certainly true in 1929-30 but not at all obvious during the last epidemic, and we do not really know.

It is certain that “dropping” cases amongst workers in factories are caused by infection in the local environment, probably kept up by the return to work of some who have been away for a short period, with a diagnosis of tonsillitis or septic sore throat, but this is not the whole story. Many of these, and many adults who have no outside occupation can give no history of a known exposure to another sick or convalescent person, but they all have leisure to follow the present practice of urban society—an evening at the “pictures” once or even twice weekly.

The Cinematograph as an institution in the life of the young and the not-so-young is a post-war development, and it is within reason to include the weekly congestions of adults from town and country, as one, if not the chief factor of increased incidence of Scarlet Fever shown in the preceding table.

### **Home Treated Cases.**

When a case of Scarlet Fever is nursed at home, following the Regulations of the Local Education Authority based on the “Memorandum on Closure of and Exclusion from School” issued by the Ministry of Health and Board of Education, any other children in the house who attend school should be excluded from attendance until one week after terminal disinfection following recovery. This has caused great loss of time for education if computed in aggregates of weeks, with little evidence of corresponding advantage to the school communities, and with considerable responsibility for mothers occupied with extra nursing.







The results of home-treated cases appear to be satisfactory, but not perfect. Consecutive cases frequently occur in children infected prior to diagnosis or isolation of the primary. No percentages as to the number of secondary cases amongst home contacts are of value, for the "contacts" include parents, grandparents, other adults or adolescents, many of whom have had Scarlet Fever. Where due care has been exercised there is some risk to other children but more to the *mother* who nurses the case, and who may also become a carrier of infection to other susceptible children. The bulk of secondary infections in the home arise from non-isolated cases or missed cases.

### **Return Cases.**

During the year, 23 cases were apparently responsible for re-infection in their homes after release from the Isolation Hospital, and, including the period from September 1st, 1935, the total was 28. Of this number, 18 infected one other, eight infected two others, and two appeared to be responsible for the infection of three persons in their respective families. This total of 40 secondary cases included six mothers; they occurred chiefly in the winter months and were associated with a period of considerable pressure on the hospital accommodation.

The development of secondary cases in the first week following discharge of the primary numbered 19; eight occurred in the second week, 11 during the third week and two in the fourth.

Three cases caused secondaries after release from isolation at home; in other cases treated at home, four secondary cases occurred where isolation was imperfect, and the mother was probably responsible for two secondary cases in one home.

The significance of new strains of infection as a vital factor in "return" cases has been discussed elsewhere; the following incident is an illustration.

Two brothers were infected during a school epidemic which was started in all probability by the return of a child who had been treated for "septic sore-throat" by a private practitioner. Their younger brother escaped infection as they were removed to hospital at the first appearance of a rash. When the time for discharge from the convalescent ward arrived, one was retained because he had developed a rash, the second arrived home to be isolated as far as possible from the younger brother, but became feverish the same night, developed a rash on the following day—was returned to Hospital as Scarlet Fever 24 hours later, and two days later the younger brother followed him. All three had typical attacks of Scarlet Fever, of a more severe type than the primary infection.

### **Convalescent Cases and Return to School.**

The fitness of convalescents for school duties, and the presence of any temporary or permanent damage to health has long provided an uncertainty, as many children never see their family doctor after discharge from hospital. The School Medical Officer is now informed in the case of elementary school children convalescing from Scarlet Fever, and such children are given an appointment for a special examination.

The value of pre-immunisation in a semi-closed community was well illustrated by the Railway Servants' Orphanage. During previous epidemics

this Institution suffered severely, most heavily during 1929. Routine immunisation was commenced in 1930, and during the present epidemic only one mild case was reported—a girl of high susceptibility, known to have had Scarlet Fever  $2\frac{1}{2}$  years previously, and “immunised” since. This satisfactory state of affairs occurred in spite of considerable epidemic prevalence in the Infant and Junior School attended by the Orphanage children.

### Diphtheria.

In England and Wales, during 1935, over 65,000 cases of Diphtheria were notified, and 3,488 terminated fatally. Diphtheria thus produces a most serious problem in Public Health administration, and despite the most intensive treatment, kills more than one in twenty of those it attacks. The cost to individual families cannot be estimated, but it is certain that more than a million pounds per annum must be paid from the rates for the treatment and control of what is largely a preventable disease.

Diphtheria epidemics fall most heavily on children from two to ten years of age—recently there has been a progressive shifting of mortality risks towards the school age, and the Registrar-General reports that Diphtheria caused 25 per cent. of the deaths from all causes in children aged 5-10 years during 1934.

The increased virulence of the infecting organism noted in many parts of the country is largely responsible for the above figures, and recent bacteriological research suggests that under present conditions the fatality rate of an outbreak of Diphtheria is largely dependent upon the proportion of cases infected by particular strains of *C. Diphtheriæ* which may have a localised distribution.

The case for a simple and harmless measure designed to check the incidence of the disease is clear, and proof can easily be furnished that immunised children resist exposure to the virulent strain and remain well.

When it is realised that an average case of Diphtheria requires six weeks or more in hospital and cost abouts £20 to the rates, whereas at least 120 children can be protected from this grave disease at the cost of one case, that this protection is harmless, is offered free of cost, and is an eminently satisfactory personal insurance, there is really little excuse left for parents who “Don’t believe in it.”

The slow but steady increase of protected children in the community, as seen from the Table (p. 101), has been of value, but the proportion needs to be much higher before there can be a real diminution in local incidence and mortality.

That Diphtheria has been and continues to be a serious and fatal disease in Derby may be judged by the study of the following Table. The mortality is no better than the rest of the country; about half of the fatalities occur in children under five, whereas this group forms only about one-fifth of the notified cases. *If deaths from Diphtheria are calculated per 100,000 population under 15 years of age, there has been little diminution during the last 25 years.*



**Diphtheria in Derby.**

<i>Period.</i>	<i>Cases Notified.</i>	<i>Deaths.</i>	<i>Rate per 100,000 Population.</i>		<i>Deaths per 100 cases.</i>
			<i>Cases.</i>	<i>Deaths.</i>	
1906/10	2,849	207	2,234	162	7.2
1911/15	1,323	81	1,057	65	6.1
1916/20	1,697	69	1,315	53.5	4.0
1921/25	909	65	673	48	7.1
1926/30	1,642	86	1,113	62	5.2
1931/36	1,379	71	974	50	5.1

During 1936, 258 patients were notified as suffering from Diphtheria, seven being withdrawn later. An analysis of the remainder shows that nine others were not cases of Diphtheria, five suffering from simple Tonsillitis, one from Scarlet Fever, one a 'carrier' (immune from a previous attack) and two nasal cases carried Diphtheria only.

Small outbreaks localised to certain groups of children who were neighbours produced some alarm, but were rapidly controlled.

Twenty-one adults contracted the disease, some seriously, of whom five from children in their homes, one from a case admitted to hospital and one mother, probably through visiting her child in hospital (on the "very ill" list).

An increase in nasal cases was noticed, 17 being true infection; many children were visited after reports of positive nasal swabs from the School Medical Service, the bulk of whom were carrying diphtheroids which cleared up rapidly after local treatment.

**Diphtheria Prophylaxis.**

Local public opinion is becoming increasingly aware of the importance of, and value to be derived from pre-munisation of susceptible children against Diphtheria; continued advocacy of this eminently sensible and safe practice of insurance bears some fruit, as may be seen in the tables appended. There has been no panic to arouse public anxiety, yet applications for immunisation come in week by week.

Clinics for the purpose are conducted regularly at the Health Office and at certain School Clinics, also in certain Elementary Schools following special appeals.

Meetings for parents have been held in eight Infant Schools, with an average attendance of 22.

The personal letter offering immunisation, sent to parents of young children who have been removed to the Isolation Hospital suffering from Scarlet Fever, has led to a good response during the year.

Testing and immunising of the nursing staffs, both of the City Hospital and Derbyshire Children's Hospital, have been carried out as heretofore.



## Diphtheria in "Immunised" Children.

No certificates are given stating that a child will not acquire Diphtheria, nor is an absolute verbal assurance, unless a confirmatory skin test has given evidence of immunity to the Schick negative level. It cannot be expected that odd cases will not occur amongst an increasing number of children who have had three doses of the prophylactic, but such will be much less severe, and rarely dangerous.

During 1936, two children who had received three injections in 1935, without Schick control, were removed to Hospital as suffering from Diphtheria. The diagnosis was not confirmed in either case. One immunised child aged eight years was discovered to be a temporary carrier of infection, following an investigation of two fatal cases of Diphtheria in children aged two, her own sister and a neighbour's child where she was reported to have played with the family. No other source of infection was found to explain these cases, both of which were non-immunised.

## DIPHTHERIA PROPHYLAXIS, 1936.

### Use of Schick Test.

	No.	Non-reactors.	Reactors.	
School Teachers ... ..	5	5	—	
P.A.C. Homes Children ... ..	7	6	1	
Scholars ... ..	48	31	17	
Re-tested after previous inoculation ... ..	236	224	12	} 2 very slight positive.

### Administration of Prophylactic.

	Under 5 years.	5—15 years.	Total.
Schick Reactors ... ..	—	18	18
Do. Teachers ... ..	—	—	—
† Inoculated without test ... ..	250*	275*	525
Inoculated at Isolation Hospital whilst recovering from Scarlet Fever ... ..	21	67	88
			<hr/> 631 <hr/>

\* 5 acquired Diphtheria during immunisation and 16 failed to complete the course.

† Including a proportion who will be completed in 1937.

### Clinics, 1936.

These were held at the Central Office, at one Toddlers' Centre, and at various Elementary Schools, etc., by appointment.

Number of Sessions ... ..	...	...	...	174
First attendance of cases ... ..	...	...	...	586
Total number of attendances ... ..	...	...	...	1,891
Average attendance per session ... ..	...	...	...	11

A Table is provided giving an analysis according to age of the persons who have completed a full immunisation course since the inception of Diphtheria Prophylaxis :—

Year.	YEAR OF BIRTH.														Total.
	1936	1935	'34	'33	'32	'31	1930	'29	'28	'27	'26	'25	'24	'23—'19	
1930	—	—	—	—	—	—	—	3	—	1	—	—	—	—	4
1931	—	—	—	—	—	10	16	14	13	19	16	16	17	28	149
1932	—	—	—	—	3	13	11	7	11	22	23	21	17	31	159
1933	—	—	—	1	20	23	28	30	54	39	35	24	17	35	306
1934	—	—	2	33	58	44	58	88	51	59	41	26	18	15	493
1935	—	2	69	78	80	101	138	151	159	111	73	46	24	27	1,059
1936	—	53	48	32	70	85	89	70	44	24	20	9	6	4	554
Totals	—	55	119	144	231	276	340	363	332	275	208	142	99	140	2,724

### Antitoxin.

Antitoxin was supplied gratuitously, as in previous years, to the medical men practising in Derby. During 1936, the following amounts were supplied—

2	phials	containing	2,000	units	each.
6	„	„	4,000	„	„
256	„	„	8,000	„	„

### Enteric Fever.

Three cases were notified, with one death. Two occurred in June, a female tramp aged 54 who arrived at the Institution after wandering in the South Midlands was probably a mild case of Para-typhoid B, to which she agglutinated in low titre. The second, a labourer aged 38, who had been a soldier in the Canadian Expeditionary Force and immunised both in Canada and England in 1916 and 1917 had a typical attack, but unrecognised until perhaps the third week. His blood agglutinated Typhosus and Para-B one in fifty, but no specialised reactions to H and O antigens were obtained. One point in his history was of significance—the eating of watercress gathered from a stream near a neighbouring village where he had worked for one week, a month before he consulted a doctor.

The third, and fatal, case was that of a female, aged 38, a school caretaker who had not been out of the town, and off work for three weeks with a vague illness. She had been sent to the Women's Hospital for some gynaecological condition, returned home and was then removed to the Borough Mental Hospital and diagnosed “maniac depressive insanity” but found to be febrile with Positive Widal (Typhosus). No explanation of her infection could be obtained.

### Cerebro-Spinal Fever.

Three cases were notified, two infants in the Children's Hospital, one fatal, and a fatal case in a girl aged six, treated in the Royal Infirmary.

### Poliomyelitis.

Three cases were notified from different Hospitals—an infant with slight paresis of arm, a child of three (stranger) with arm and leg paralysis, and a fatal case aged three, with upper limb and respiratory paralysis.

## Erysipelas.

Notifications diminished as compared with the rather high figure for 1935. Of 56 cases, 46 were infections of the face and scalp, and of these, five were fatal.

No evidence of any direct relationship with Scarlet Fever could be traced; the figures are small, but cases occurred more frequently during the period of maximum streptococcal prevalence as, following 27 cases for the last quarter of 1935, 33 occurred in the first half of the year.

## OPHTHALMIA NEONATORUM.

Cases notified ... .. 27

16 of the cases were males and 11 females.

<i>Cases.</i>			<i>Vision unim- paired.</i>	<i>Vision im- paired.</i>	<i>Total Blind- ness.</i>	<i>Deaths.</i>
<i>Notified.</i>	<i>Treated.</i>					
	<i>At Home.</i>	<i>In Boro' Hospitals.</i>				
27	*21	†6	‡27	—	—	1

\* Included in this number is 1 case treated at the Derbyshire Royal Infirmary and 1 at the Children's Hospital as Out-patients.

† In-patients of City Hospital (5), Derbyshire Royal Infirmary (1).

‡ One case left Derby before the end of the year and could not be visited in 1937. At the time of the last visit, in 1936, the eyes were reported as clear.

The number of cases notified was 3 less than in 1935.

## Vaccination of Infants during 1936.

Total number of births	...	...	...	...	...	2,653
Children under 12 months died un-vaccinated	...	...	...	...	...	120
Insusceptible	...	...	...	...	...	3
Postponed	...	...	...	...	...	35
Successful	...	...	...	...	...	194
Conscientious objection certificates	...	...	...	...	...	1,995

## Disinfection and Disinfestation.

The following summary shows particulars of disinfections and disinfestations carried out during the year:—

### AFTER INFECTIOUS DISEASES.

Rooms Disinfected	...	...	...	...	...	910
Clothing (Midwives), etc. (instances)	...	...	...	...	...	35

### OTHERS (including Cancer, Verminous conditions, etc., Disinfection only carried out by request).

Rooms Disinfected	...	...	...	...	...	15
Bedding, Clothing, etc. (instances)	...	...	...	...	...	11

In addition, all library books from infected houses are brought to the Health Office for disinfection, and are returned to the Public and other Libraries after this has been carried out.



## Measles.

Measles and German Measles are compulsorily notifiable in the Borough. The question has often been raised in other areas whether the cost of notification is worth while, as epidemics cannot be stopped.

The value of notification of Measles depends on the machinery which can be set in motion, and what facilities are available for securing proper treatment for all young children during their illness and convalescence, and, as a public health measure, the prompt investigation of possible school infection, followed by warning notices to parents at such times as their non-immune children may be approaching the onset of what might otherwise be treated as a trivial illness.

In practice, we make full use of hospitalisation, nursing in the home, health visiting, and dealing with convalescence by tonics, light treatment, etc., to the lasting benefit of the majority of cases. When in an Elementary School, one class only has been infected by a single case, intervention may go so far as to disperse the non-immunes on the ninth day of exposure, especially if there have been recent cases of Whooping Cough. The ideal is to establish community immunisation at such a time as will be least dangerous, utilising the frequent introduction of infection from other areas, which we cannot prevent, to have a controlled epidemic about every two years.

The town was re-infected at the beginning of the year, the first known cases having contracted the disease elsewhere during the Christmas holidays, but also by probable contamination introduced from the countryside to places of amusement.

In the past it has been established that similar events have started three epidemics, and conclusive evidence was obtained in January that a Saturday morning matinee for children at a certain cinema was the first focus of infection for three schools, that the same causes were active in the transfer of infection to new schools, as children from overlapping areas frequent the pictures ("Shirley Temple" was very popular at the time!) and so from school to cinema in rotation. It is astounding to find that young children under three years of age may frequent the cinema on Saturday; I obtained evidence that eight such children, not in attendance at school, probably contracted measles thus.

During an epidemic other methods of spread are revealed; attendance at Clinics or Out-patient Departments, Dancing Classes, Whitsuntide treats provide odd cases, visits to relatives in other areas, and infection at the seaside provided 18 instances of new introduction, two of which led to local spread.

The winter epidemic comprised about 1,300 cases with two deaths of infants; during the summer holiday there were dropping cases, after which re-infection of one area occurred through the advent of one child to the Railway Servants' Orphanage, who contaminated that Institution and Ashbourne Road School. This new epidemic produced about 250 cases, and the total for 1936 reached 1,595.

No use has been made of 'convalescent serum' during this epidemic, but in one case Immune Globulin (placental extract) was used to modify the attack in a rickety and catarrhal infant of 20 months.

## German Measles.

This infection, though of little importance as to its effect on patients, must be included in the list of notifiable diseases, as some notifications turn out to be mild cases of SCARLET FEVER. Included in the same category as

Measles, one finds that some general practitioners do not discriminate between the two diseases, and difficulties arise as to school exclusions. Should an epidemic occur when Measles and Scarlet Fever are both prevalent, very careful watch must be maintained, for one meets with frequent examples of the *prodromal rash of Measles* being diagnosed as German Measles when the doctor first sees the case, and when the typical measles rash appears, the diagnosis may not be changed. Finally, many cases of simple erythema in young children may be diagnosed as German Measles when there is no evidence of such infection in the neighbourhood.

Epidemics occur at irregular intervals, generally in the spring. There has been no conclusive evidence of this disease in Derby since 1930, so that immunity has become attenuated, and 1936 started with infection in one Junior Elementary School, which rapidly spread to other parts of the town, in all probability by the same mechanism as discussed under Measles ; 1,254 cases could be verified as typical. The epidemic ceased with the advent of the summer holidays.

German Measles is more likely to occur in adolescents and adults, and seems to affect the Junior and Senior Departments of schools more than Infants. I have some evidence that the infection can be present without a noticeable rash, yet produce succeeding cases of the type disease.

The incubation period is much longer than that of Measles, as a rule, and in some secondary cases infected in their own homes, may even be longer than 23 days. This long incubation period has given rise to a great deal of loss of school time, for the practice has been to exclude contacts in attendance at an Infants' department, who have not had the disease, for three weeks. During the present epidemic, 597 weeks of school time have been lost by infants who did not contract the disease ; more cases occurred as home infections in children who were allowed to continue at school than in excluded children, and some of the latter fell ill *after* their exclusion period was ended, so they might have re-infected their classes. (Of the total number of exclusions, only 57 became cases, of which number seven had returned to school.)

In view of the long incubation period, the paucity of second cases in homes, the widespread prevalence of infection when the disease is present in a school and this great loss in school attendance, the time seems to be ripe for a change in procedure, which might follow the practice we introduced for Chickenpox, whereby infants might be allowed to attend school for eight days and be thereafter excluded.

Such an interval would cover the possibility of Measles having been reported as German Measles, provided that no child who was not well, and likely to develop into a consecutive case within a day or two, be allowed to attend school. The Health Visitors would report on such.

### **Whooping Cough.**

This distressing infection, which unhappily remains as an important cause of infant and child mortality, is compulsorily notifiable in 36 sanitary districts of England and Wales, but not in Derby. Very much remains to be accomplished in the education of parents as to the early symptoms and dangers of the disease, for every outbreak in the nursery classes or youngest classes of Elementary Schools can be traced to a child who was infectious yet continued to attend school until the spasmodic cough had been recognised. Apart from the mortality, which occurs chiefly in children under two years



of age, the painful and even terrifying illness may produce permanent damage to the sufferers, and is a potent factor in retarding education.

During 1936, Whooping Cough was much more prevalent and tended to spread from district to district, with small groups of cases in nearly all the Infant Departments of the town. Approximately 570 cases came under observation of the Health Visitors and School Nurses, and there were six deaths. A considerable number of children were nursed in the Isolation Hospital.

By repeated visits, and reference of convalescents to Child Welfare and Toddlers' Clinics and the School Medical Officer, with increased employment of ultra-violet light, every effort has been made to re-establish the normal health of these children.

Vaccine treatment and prophylaxis in the special circumstances of an epidemic amongst the young children living at the Normanton Barracks appeared to be very satisfactory. This was made possible by the co-operation of the Army Medical Officer, and, in his opinion, greatly reduced the number of cases (limited to six mild secondary) the majority of the possibly exposed children escaping illness.

### **Epidemic Jaundice.**

Five sporadic cases were reported in April and May, of which number two may have been associated at the same school; one of these infected a sister, whereas in the other family no secondary cases followed.

A typical outbreak occurred in Alvaston from April to June, involving four families with ten children, nine of whom were affected. They lived in the same street in two neighbouring houses and two houses opposite, and the children were all playmates. Investigation was late, after the last case, and exact dates of onset were difficult to obtain. Approximately the cases followed at intervals of two and three weeks, the first (severe) infecting two neighbours, his own brother and sister—one of the secondary cases (also severe) infected a brother and sister (severe) and a neighbour who infected his brother. No other cases were recorded in the street.

### **Epidemic Diarrhoea.**

Acute alimentary infection in infants leading to diarrhoea and vomiting followed by rapid death from dehydration used to be common in urban areas and was known as summer diarrhoea. The elimination of stabling, with its breeding of house flies the chief vehicle for conveying filth to domestic food and utensils, has greatly reduced such infections, which now occur rarely and without special seasonal incidence.

Where children under two years of age have died and gastro-enteritis appears on the death certificate, special investigation must be made and the above classification has to be used. An analysis of the returns shows that there are frequently other causes for malnutrition and death, and that any sickness and diarrhoea which has been noticed may be merely a terminal or agonal condition. Such diagnosis occurs usually where an infant has been admitted to a Children's Hospital—maybe without a clear history of any antecedent disability.

During the past year, nine deaths were investigated, in four only was the diagnosis justifiable—the others were associated with such events as bronchitis, acute mastoiditis, pylorospasm, spastic paraplegia, and debility following measles, and the infants did not suffer from diarrhoea in their homes.



**CANCER.**

The recorded deaths from various types of malignant disease show an increase in number as compared with 1935, viz. :—215 (196). Half the cases were due to cancer of the digestive tract and adnexa, half the deaths occurred in the declining years of life, in persons aged 65 and over, and the figures show that deaths in males have now reached the level of deaths in females.

Age	25-44 years.		45-64 years.		65-74 years.		75 years & upwards.		All Ages.		
Sex	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both Sexes.
Deaths from Cancer ...	1	7	45	53	44	24	17	24	107	108	215

**Every Facility is available for the Diagnosis and Treatment of Cancer in Derby.**

1. **Derby Royal Infirmary.** This institution possesses its own Pathological Laboratory and X-ray plant for skiagraphy, is furnished with means for the administration of diathermy, deep X-ray therapy, and possesses its own supply of Radium, which is in constant use.

Its Radium Committee owns 235 milligrams of Radium put up in suitable and differing quantities; this supply is available, not only for all patients, but for loan, as to 40 per cent., to other institutions in Derby, viz. :—The Queen Mary Nursing Home, the City Hospital and the Children's Hospital.

Patients from other institutions can be admitted both for deep X-ray therapy and for Radium treatment.

2. **Derby City Hospital (Municipal),** possesses X-ray plant for diagnosis; pathological diagnosis is not undertaken on the spot, the material being sent to accredited laboratories.

Arrangements are in force whereby any patient likely to benefit from radium or deep X-ray therapy can be transferred to the Royal Infirmary without fee, either for local application of treatment or to occupy a bed in the institution. The consulting Radiologist being Radiologist at the Royal Infirmary, no difficulties are encountered, and these facilities are frequently put into practice.

When palliative dosage of " radon " is indicated, the " seeds " are obtained from London.

3. **Derbyshire Hospital for Women** possesses an X-ray plant, but not for therapeutic purposes, also a pathological laboratory, and at the same time sends material to accredited laboratories.

There is no working arrangement with the Royal Infirmary for deep X-ray therapy.

Since 1932, the Hospital Committee have had an agreement with the Nottinghamshire Council of the British Empire Cancer Campaign for the *loan of Radium*, for which it pays the usual charges, insurance, costs of transport and return. Such radium is obtainable at short notice and is now in frequent use.

## VENEREAL DISEASES.

FORM V.D. (R). (Revised).

RETURN relating to all persons who were treated at the Treatment Centre at Royal Infirmary, Derby, during the year ended 31st December, 1936.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal.		TOTAL.		TOTALS.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1 Number of cases on 1st January under treatment or observation ...	228	178	—	—	204	88	47	16	479	282	761
2 Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ...	8	5	—	—	7	3	—	—	15	8	23
3 Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from:—											
Syphilis, primary ...	5	—	—	—	—	—	—	—	5	—	5
„ secondary ...	33	15	—	—	—	—	—	—	33	15	48
„ latent in 1st year of infection ...	—	—	—	—	—	—	—	—	—	—	—
„ all later stages ...	23	17	—	—	—	—	—	—	23	17	40
„ congenital ...	7	11	—	—	—	—	—	—	7	11	18
Soft Chancre ...	—	—	2	—	—	—	—	—	2	—	2
Gonorrhœa—											
1st year of infection ...	—	—	—	—	203	54	—	—	203	54	257
later... ...	—	—	—	—	2	4	—	—	2	4	6
Conditions other than venereal...	—	—	—	—	—	—	178	57	178	57	235
4 Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection	8	1	—	—	21	1	—	—	29	2	31
TOTALS OF ITEMS 1, 2, 3 AND 4...	312	227	2	—	437	150	225	73	976	450	1426
5 Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal ...	39	8	—	—	157	20	189	52	385	80	465
6 Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:—											
Syphilis, primary...	5	1	—	—	—	—	—	—	5	1	6
„ secondary ...	15	16	—	—	—	—	—	—	15	16	31
„ latent in 1st year of infection ...	1	1	—	—	—	—	—	—	1	1	2
„ all later stages ...	6	10	—	—	—	—	—	—	6	10	16
„ congenital ...	6	5	—	—	—	—	—	—	6	5	11
Soft Chancre ...	—	—	—	—	—	—	—	—	—	—	—
Gonorrhœa—											
1st year of infection ...	—	—	—	—	60	16	—	—	60	16	76
later ...	—	—	—	—	—	1	—	—	—	1	1
7 Number of cases which ceased to attend after completion of treatment, but before final tests of cure ...	5	9	—	—	12	11	—	—	17	20	37
8 Number of cases transferred to other centres or to institutions, or to care of private practitioners...	16	6	1	—	36	3	—	—	53	9	62
9 Number of cases remaining under treatment or observation on 31st December ...	219	171	1	—	172	99	36	21	428	291	719
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 (These totals should agree with those of Items 1, 2, 3 and 4)	312	227	2	—	437	150	225	73	976	450	1426



## FORM V.D. (R).—continued.

		Syphilis.		Soft Chancre.		Gonorrhoea		Conditions other than Venereal.		TOTAL.		TOTALS.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
10 Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—												
Syphilis, primary ... ..		2	—	—	—	—	—	—	—	2	—	
,, secondary ... ..		5	2	—	—	—	—	—	—	5	2	
,, latent in 1st year of infection ... ..		—	—	—	—	—	—	—	—	—	—	
,, all later stages ... ..		2	5	—	—	—	—	—	—	2	5	
,, congenital ... ..		—	3	—	—	—	—	—	—	—	3	
11 Number of attendances :—												
(a) for individual attention of the Medical Officers ... ..		3609	2575	8	—	4761	824	785	141	9163	3540	12703
(b) for intermediate treatment, e.g., irrigation, dressing ... ..		193	—	—	—	14026	3339	732	—	14951	3339	18290
TOTAL ATTENDANCES ... ..		3802	2575	8	—	18787	4163	1517	141	24114	6879	30993
12 In-patients :—												
(a) Total number of persons admitted for treatment during the year ... ..		3	1	—	—	12	2	1	2	16	5	21
(b) Aggregate number of “in-patient days” of treatment given ... ..		32	22	—	—	273	14	8	15	313	51	364
		Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals.		
13 Number of cases of congenital syphilis in Item 3 above classified according to age periods ... ..		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
		—	1	3	1	2	3	2	6	7	11	
		Arsenical.						Mercury		Bismuth		
		Approved Arsenobenzene Compounds			Others.							
14 (a) Names of chief preparations used in the treatment of Syphilis :—		Novarsenobillon			Acetylarsan Trypar-samide Orarsan			Pills Hg. $\bar{c}$ cret. grs. 1 Tabs. Hg. $\bar{c}$ cret. grs. 1 & grs. $\frac{1}{4}$		Neo-Carc		
(b) Total number of injections given (out-patients and in-patients) ... ..		1752			1087			—		2633		



## FORM V.D. (R).—continued.

	Microscopical		Cultural for Gonor- rhœa	Serum		Cere- bro- spinal fluid	Others for diagnosis of Venereal Disease
	for Syphi- lis	for Gonor- rhœa		for Syphi- lis	for Gonor- rhœa		
<b>15 Pathological Work :—</b>							
(a) Number of specimens ex- amined at and by the medical officer of the treatment centre ...	54	1784	—	1046	—	—	—
(b) Number of specimens from patients attending at the treatment centre sent for examination to an approved laboratory ...	—	—	—	1084	—	2	—

**Statement showing the services rendered at the Treatment Centre during the  
year, classified according to the areas in which the patients resided.**

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Derby Borough.	Derby County.	Staffs. County	Leicester County.	Notts. County.	TOTAL.
<b>A. Number of cases from each area included under the following headings in Item 3 :—</b>						
Syphilis ... ..	63	43	2	3	—	111
Soft Chancre ... ..	1	—	1	—	—	2
Gonorrhœa ... ..	181	79	2	1	—	263
Conditions other than venereal	127	102	1	4	1	235
<b>TOTAL ... ..</b>	<b>372</b>	<b>224</b>	<b>6</b>	<b>8</b>	<b>1</b>	<b>611</b>
<b>B. Total number of attendances of all patients residing in each area</b>	<b>22220</b>	<b>8274</b>	<b>231</b>	<b>213</b>	<b>55</b>	<b>30993</b>
<b>C. Aggregate number of "In-patient days" of all patients residing in each area ... ..</b>	<b>172</b>	<b>192</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>364</b>

25th January, 1937.

(Signed) H. R. MORGAN RICHARDS,  
M.O. i/c V.D. Clinic.



# v.--TUBERCULOSIS.

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REPORT BY

DR. W. H. WRAY, Tuberculosis Medical Officer.



The Tuberculosis Clinic was transferred to the reconstructed premises, 93, Green Lane, in September, 1936. The additional accommodation provided and the installation of an X-ray apparatus have not only added to the comfort of the patients and facilitated the examinations, but made the Clinic one of the most modern in the country. A Dental Inspection and treatment Clinic has now been established as well as an Orthopædic Clinic in connection with the Tuberculosis work.

**Notifications.**—The notifications of pulmonary tuberculosis show a slight decrease for the year and those of non-pulmonary tuberculosis show an increase.

				<i>Comparison with</i>	
				1936.	1935.
Pulmonary Tuberculosis	...	...	...	122	143
Non-pulmonary Tuberculosis	...	...	...	35	20
Total				157	163

The Non-pulmonary cases notified in 1936 consisted of:—

Tuberculous Meningitis	...	5	Tuberculous Rib	...	...	1
„ Cervical Glands	...	5	„ Kidneys and	...	...	...
„ Hip	...	5	Bladder	...	...	1
„ Spine	...	3	„ Peritonitis	...	...	8
„ Knee Joint	...	2	Miliary Tuberculosis	...	...	5

**Deaths.**—The deaths from pulmonary tuberculosis show a slight increase in 1936, whilst those from non-pulmonary tuberculosis are the same as in the previous year.

					<i>Comparison with</i>	
					1936.	1935.
Pulmonary	...	...	...	...	80	75
Non-pulmonary	...	...	...	...	13	13
Total					93	88

The thirteen deaths from Non-pulmonary Tuberculosis in 1936 were certified as being due to:—

Miliary Tuberculosis	...	...	4 instances.
Tuberculous Peritonitis	...	...	3 „
„ Meningitis	...	...	3 „
Tuberculoma of Brain	...	...	1 instance
Tuberculous Kidney	...	...	1 „
„ Kidneys and Bladder	...	...	1 „

8·7% of the deaths from Pulmonary Tuberculosis occurred previous to notification. 61·5% of the deaths of the Non-pulmonary Tuberculosis cases (8 of the total 13) occurred previous to notification. 56·2% of the deaths from Pulmonary Tuberculosis occurred within two years of notification (including those not notified previous to death).

**Family History.**—Considerable attention has been paid to the family history, and it is to be noted that in 50 of the 122 cases of Pulmonary Tuberculosis notified in 1936 (40·9%) and in 9 of the 35 Non-pulmonary cases (25·7%), there was a family history of Tuberculosis.

**Nurses' Visits.**—The number of visits to the houses of the patients paid by the nurses was 4,067.

**Housing Conditions.**—In the homes of 21 of the notified cases (13·4%) there were two or more families ; the percentage in 1925 was 16·5 and in 1928 9·2.

47·2% of the patients notified had completely separate sleeping accommodation ; the percentage in 1925 was 31·7 and in 1928 was 36·9.

### **Tuberculosis Clinic.**

Number of Clinics held	...	...	...	284
Total number of Attendances	...	...	...	4,833
Number of new Patients examined	...	...	...	590
Number of Contacts examined	...	...	...	268

Nine of the contacts were found to be suffering from active Tuberculosis.

Open-air shelters were loaned to 18 patients during the year.

Ancillary treatment, in the form of a daily supply of milk, was granted to 42 patients during the year.

**Disinfections, etc.**—During the year 1936, 181 houses were disinfected after death or removal of Tuberculous patients. 1,123 bottles of disinfectant fluid and 1,144 supplies of paper handkerchiefs were given out from the Tuberculosis Clinic.

**School Children.**—The number of school children examined (367) includes observation cases and contacts.

Number of school children notified in 1936	...	...	19
Pulmonary Tuberculosis	...	...	6
Other forms of Tuberculosis	...	...	13

The Non-Pulmonary cases were notified as :—

Tuberculosis of Hip	...	...	3	Tuberculosis of Meninges	...	2
Tuberculosis of Spine	...	...	1	Abdominal Tuberculosis	...	3
Tuberculosis of Rib	...	...	1	Miliary Tuberculosis	...	1
Tuberculosis of Cervical Glands	...	...	2			

The number of school children admitted to the Borough Sanatorium was 25, and the number discharged was 27, their average stay in the Institution being 163·1 days. One school child died in the Sanatorium during the year, a girl suffering from Miliary Tuberculosis.

Eighty seven school children were excluded from school for varying periods.

### **Borough Sanatorium.**

Number of patients admitted	...	...	127
„ „ discharged	...	...	130
„ „ died	...	...	24

The average stay of the patients discharged was 147·9 days, and for the patients who died 123·6 days.

**TUBERCULOSIS.**

**PUBLIC HEALTH (Tuberculosis) REGULATIONS, 1930.**

**Tuberculosis Notifications—1st January, 1936, to 31st December, 1936.**

Form T. 137

**FORMAL NOTIFICATIONS.**

	Primary Notifications.										Total Notifi- cations (including cases previously notified).	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 and up- to 65 w'ds.		Total
Pulmonary, Males ...	...	...	3	1	5	7	13	8	15	9	1	62
Females ...	...	...	1	2	7	7	12	8	9	4	2	52
Non-Pulm. Males ...	1	2	1	4	...	...	2	1	...	...	...	11
Females ...	1	1	4	2	4	3	1	...	...	...	...	16
												101
												61
												17
												20

**Part II.**

**Supplemental Return** shewing new cases of Tuberculosis discovered otherwise than by formal notification, for above-named period :—

Sources of Information of "Supplemental Return" Cases.												
										Number of Cases.		
										Pulmonary	Non-Pulmonary	
Pulmonary, Males ... Females ... Non-Pulm. Males ... Females ...	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65 w'ds.	65 and up-w'ds.	Total
	...	...	...	...	...	...	...	...	3	1	...	4
	...	...	...	...	...	1	...	...	2	1	...	4
	...	...	...	1	...	1	...	...	1	...	...	4
	1	...	1	...	...	...	...	1	...	...	...	4

Sources of Information of "Supplemental Return" Cases.		Number of Cases.	
		Pulmonary	Non-Pulmonary
Death Returns—	...	3	4
Local ...	...	1	—
Reg. Gnl. ...	...	—	—
Inward Transfers	...	—	—
Other Sources	...	4	4
(Posthumous),...	...	—	—



## Part III.

## NOTIFICATION REGISTER.

	Pulmonary.			Non-Pulmonary			Total Cases.
	Males	Females	Total	Males	Females	Total	
Number of cases of Tuberculosis remaining at the 31st December, 1936, on the Register of notifications kept by the Medical Officer of Health of the County Borough	264	181	445	50	24	74	519
Number of cases <i>removed</i> from the Register during the year by reason <i>inter alia</i> of:—							
1. Withdrawal of notification	—	—	—	2	1	3	3
2. Recovery from the disease...	24	9	33	2	1	3	36
3. Death (all causes) ...	49	34	83	6	9	15	98

## TUBERCULOSIS SCHEME OF THE DERBY COUNTY BOROUGH COUNCIL.

TABLE 1.—Return showing the work of the Dispensary during the year 1936.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GR'ND TOTAL
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1.—NEW CASES examined during the year (excluding contacts):—													
(a) Definitely tuberculous ...	52	27	1	3	6	6	8	6	58	33	9	9	109
* (b) Diagnosis not completed	—	—	—	—	—	—	—	—	4	—	5	5	14
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	136	93	88	79	396
2.—CONTACTS examined during the year :—													
(a) Definitely tuberculous ...	2	5	2	—	—	—	—	—	2	5	2	—	9
* (b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	1	—	1
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	43	86	67	62	258
3.—CASES written off the Dispensary Register as													
(a) Recovered ...	17	6	7	2	2	—	—	—	19	6	7	2	34
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous) ...	—	—	—	—	—	—	—	—	184	180	163	150	677
4.—NUMBER OF PERSONS on Dispensary Register on December 31st :—													
(a) Diagnosis completed ...	213	129	33	29	20	8	27	14	233	137	60	43	473
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	4	—	6	5	15

\* i.e., remaining undiagnosed on 31st December.

1. Number of persons on Dispensary Register on January 1st... .. 501	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... .. 32
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 40	4. Cases written off during the year as Dead (all causes) ... .. 81
5. Number of attendances at the Dispensary (including Contacts) ... 4833	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... .. 176
7. Number of consultations with medical practitioners :— (a) Personal ... .. 117 (b) Otherwise ... .. 642	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ... .. 154
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ... .. 4067	10. Number of (a) Specimens of sputum, &c., examined ... .. 968 (b) X-ray examinations made in connection with Dispensary work (Sputum, etc., examined for other purposes) ... .. 1272
11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above 8	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ... .. 284

## Section B.

Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment):—

Provided by the Council ... ..	One.
Provided by Voluntary Bodies ... ..	Nil.

## Section C.

Number of beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council :—

Name of Institution	For Pulmonary Cases		For Non-Pulmonary Cases		Total.
	Adults	Children under 15	Adults	Children under 15	
Derby Borough Tuberculosis Sanatorium	56	24	Nil specified. 6 cases can be admitted	Nil specified. 4 cases can be admitted	80
City Hospital, Derby	20 male (no specified accommodation for females or children. Transferred to Sanatorium if possible. Temporary accommodation in side wards here).		Accommodation provided as required, without any difficulty, also extensive balcony accommodation.		—

## Section D.

Return showing the Extent of Residential Treatment and observation during the year in Institutions (other than Poor Law Institutions) approved for the Treatment of Tuberculosis :—

		In Instit't'ns on Jan. 1	Admitted during the year.	Discharged during the year.	Died in the Instit't'ns	In Instit't'ns on Dec. 31
Number of doubtfully tuberculous cases admit- ted for ob- servation.	Adult Males ...	4	27	27	—	4
	Adult Females	3	12	15	—	—
	Children ...	15	17	24	—	8
	Total ...	22	56	66	—	12
Number of patients suffering from Pulmonary Tuberculosis.	Adult Males ...	40	91	78	30	23
	Adult Females	19	59	44	19	15
	Children ...	3	9	6	—	6
	Total ...	62	159	128	49	44
Number of patients suffering from Non- Pulmonary Tuberculosis.	Adult Males ...	2	9	4	2	5
	Adult Females	—	8	3	4	1
	Children ...	10	12	12	3	7
	Total ...	12	29	19	9	13
GRAND TOTAL ...		96	244	213	58	69

## Section E.

Return showing the Extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council :—

Nil.

## Section F.

Return showing the Results of Observation of Doubtfully Tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Diagnosis on discharge from observation.		For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals.		
		Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	...	2	1	1	2	2	2	1	—	—	—	—	1	5	3	4
Non-Tuberculous		3	—	2	19	12	18	—	—	—	—	—	—	22	12	20
Doubtful	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	...	5	1	3	21	14	20	1	—	—	—	—	1	27	15	24
Died	... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—



**Section G.**—Return showing the immediate results of treatment of Definitely Tuberculous patients during the year from Institutions approved for the treatment of Tuberculosis:—

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Totals.			Grand Totals.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
			Under 3 m'ths but exceeding 28 days.						3—6 months.			6—12 months.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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PULMONARY TUBERCULOSIS. | NON-PULMONARY TUBERCULOSIS.



[illegible]







## PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken during 1936 under the above Regulations relating to Tuberculous Employees in the Milk Trade.

### PUBLIC HEALTH ACT, 1925, SECTION 62.

No action was taken under this Section of the Act during 1936.

### SUMMARY.

#### NOTIFICATIONS.

Pulmonary Tuberculosis—  
Males 66, Females 56,  
Total 122.

Non-Pulmonary Tuberculosis—  
Males 15, Females 20,  
Total 35.

#### DEATHS.

Pulmonary Tuberculosis 80. Non-Pulmonary Tuberculosis 13.

#### AGE AND SEX INCIDENCE.

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ..	—	—	1	2	—	—	—	—
1—5 ..	—	—	2	1	—	—	—	—
5—15 ..	4	3	6	8	—	—	3	4
15—25 ..	12	14	1	7	7	6	1	1
25—35 ..	13	13	3	1	9	9	1	1
35—45 ..	8	8	1	1	6	6	—	1
45—55 ..	18	11	1	—	15	7	1	—
55—65 ..	10	5	—	—	9	5	—	—
65 and upwards ..	1	2	—	—	1	—	—	—
Totals ..	66	56	15	20	47	33	6	7

#### Charity Organisation Society.

The Charity Organisation Society have, as in former years, assisted in many ways patients who, while not suffering from active pulmonary tuberculosis at the present time, had other chest complaints. Convalescent treatment, etc. has been arranged and in selected cases extra nourishment has been provided. The efforts of the Society are much appreciated.





## vi.--HOSPITALS.

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INCLUDING REPORTS BY

DR. TAYLOR, Resident Medical Superintendent,  
Isolation Hospital and Sanatorium,

AND

DR. COOKE, Resident Medical Superintendent, City Hospital.

**BOROUGH ISOLATION HOSPITAL.****GENERAL STATISTICS.**

	<i>Scarlet Fever.</i>	<i>Diph- theria.</i>	<i>Measles &amp; German Measles.</i>	<i>Whooping Cough.</i>	<i>Others.</i>	<i>Total.</i>
Remaining in Hospital, Dec. 31st, 1935 ...	51	31	—	—	2	84
Admitted during 1936 ...	499	228	108	70	107	1012
Discharged during 1936 ...	503	224	103	64	103	997
Died during 1936 ...	1	10	1	5	2	19
Remaining under treat- ment on Dec. 31st, 1936...	46	25	4	1	4	80

**OTHER CASES.**

<i>Disease.</i>	<i>Remaining in Hosp. 31/12/35</i>	<i>Admitted. 1936</i>	<i>Discharged. 1936</i>	<i>Died. 1936</i>	<i>Remain- ing 31/12/36</i>
Erysipelas... ..	—	29	27	1	1
Chicken Pox ... ..	—	8	7	—	1
Enteric Fever ... ..	—	3	2	1	—
Observation Scarlet Fever	2	17	17	—	2
Observation Diphtheria...	—	24	24	—	—
Observation Enteric Fever ... ..	—	1	1	—	—
Observation Measles ...	—	1	1	—	—
Observation Erysipelas...	—	1	1	—	—
Observation Whooping Cough ... ..	—	4	4	—	—
Whooping Cough Contacts	—	4	4	—	—
Measles Contact ... ..	—	1	1	—	—
Mumps ... ..	—	4	4	—	—
Tonsillitis... ..	—	3	3	—	—
Mastoiditis ... ..	—	1	1	—	—
Impetigo ... ..	—	2	2	—	—
Rheumatism (Staff) ...	—	1	1	—	—
Diphtheria Carrier ...	—	2	2	—	—
Infective Jaundice ...	—	1	1	—	—
	<hr/> 2 <hr/>	<hr/> 107 <hr/>	<hr/> 103 <hr/>	<hr/> 2 <hr/>	<hr/> 4 <hr/>

**SCARLET FEVER.**

Number of cases ... ..	499
Number of Deaths ... ..	1

The fatal case was an infant of nine months, who also showed a commencing Broncho-Pneumonia on admission, and only survived 30 hours in hospital.

The type of disease remained rather mild again, and complications were mostly limited to the ear and Cervical Glands. Paracentesis Tympani was performed in 4 cases, and Mastoidectomy in 3 cases. The stay for many uncomplicated cases was brought down to 28 days.



**DIPHTHERIA.**

Number of cases	...	...	...	228
Number of Deaths	...	...	...	10
Case Mortality	...	...	...	4.4%

No cases of the GRAVIS type were noted. The average stay in hospital of the 10 fatal cases was 4 days, and the average dose of Antitoxin given to each was 100,000 units, while the average day of illness on admission was the 4th. Tracheotomy was performed in 1 case (recovery).

No comment seems called for in the other diseases.

**STAFF.**

One Sub-probationer was 'warded' on account of Rheumatic Fever, and one nurse developed Scarlet Fever. This nurse had been Dick Tested and found negative, on joining the Staff.

**NURSING STAFF.**

Five nurses passed the Final State Examination, and one failed. Fifteen nurses passed the Preliminary State Examination.

**GENERAL.**

Over 1,000 cases of Infectious Diseases were admitted during the year, and overcrowding occurred on many occasions. Any increase in the population of the town would make the limited accommodation a serious problem. New ward blocks, with extension of staff accommodation, and modernisation of some existing premises are urgently required.

**BOROUGH SANATORIUM.**

126 cases were admitted during the year. Statistical information will be found in the Tuberculosis Officer's report.

The two pavilions for adult patients are thoroughly out-of-date, and lack of x-ray facilities still proves a serious drawback.

**Isolation Hospital Provisioning, 1936.**

1936.	Days in Hospital (Patients).	Average Patients per day.	Cost of Provisioning.			Average Cost per Patient per day.*	
			£	s.	d.	s.	d.
1st Quarter	10000	109·9	730	9	5	1	5·53
2nd „	9993	109·8	714	17	10	1	5·16
3rd „	6893	74·9	575	10	6	1	8·03
4th „	6484	70·5	650	8	2	2	0·07
Totals 1936	33370	91·2	2671	5	11	1	7·21
Totals for 1935	25278	69·3	2073	10	6½	1	7·68

\*This includes cost of provisioning staff.

**Tuberculosis Sanatorium Provisioning, 1936.**

1936.	Days in Sanatorium (Patients).	Average Patients per day.	Cost of Provisioning.			Average Cost per Patient per day.*	
			£	s.	d.	s.	d.
1st Quarter	6469	71·1	529	18	10	1	7·65
2nd „	5131	56·4	441	15	10	1	8·66
3rd „	4597	49·9	402	7	2	1	9·01
4th „	4132	44·9	448	7	9	2	2·04
Totals 1936	20329	55·5	1822	9	7	1	9·51
Totals for 1935	24837	68·0	1945	17	8	1	6·80

\* This includes cost of provisioning staff.

CITY HOSPITAL, DERBY.

A General Hospital maintained under the Local Government Acts or the Public Health Acts.

Population served by the Institution : 140,800.

## Staffing.

Medical Superintendent : R. G. COOKE, M.D., CH.B., M.R.C.S., L.R.C.P., Resident. Whole Time.

No. of other resident medical staff : 3.

No. of visiting staff : 10.

Specialised services supplied—

Consulting Physician, Surgeon, Ear, Nose and Throat Surgeon, Ophthalmic Surgeon, Orthopædic Specialist, Radiologist, Gynæcologists (2), Anæsthetist, Dental Surgeon.

Number of—

(a) Trained Nurses : 30 (including Matron and Assistant Matron).

(b) Probationer Nurses : 58, and 4 Midwifery Pupils.

(c) Assistant Nurses : 15 Sub-Probationers—Non-resident.

(d) Male Attendants : No Male Nurses, 5 Porters, 1 Barber, 1 Ambulance Driver and 1 Ambulance Attendant.

Total number of beds provided in the Institution for Sick, Maternity and Mental Cases at 31st December, 1936 :—

(a) for men : 111.

(b) for women : 131.

(c) for children (under 16 years of age) : 70. (Excluding cots in maternity wards).

Total : 312.

N.B.—These figures should agree with the totals of those in Columns 3, 5, 7, and 9 of Table I. overleaf.

\* As defined in the Public Assistance Order, 1930.



**Table showing the classification of the accommodation for sick, maternity and mental cases and the number of beds occupied on 31st December, 1936.**

Classification of Wards.*	No. of Wards	BEDS.							
		MEN.		WOMEN.		CHILDREN (under 16 years of age)		Total.	
		Pro- vided. (3)	Occu- pied. (4)	Pro- vided. (5)	Occu- pied. (6)	Pro- vided. (7)	Occu- pied. (8)	Pro- vided. (9)	Occu- pied. (10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Medical	2	33	30	33	26	—	—	66	56
2. Surgical	2	33	28	33	28	—	—	66	56
3. Chronic sick†	2	15	13	15	15	—	—	30	28
4. Children	2	—	—	—	—	70	55	70	55
5. Venereal		Loch Ward in Boundary House Infirmary.							
6. Tuberculosis	1	20	11	—	—	—	—	20	11
7. Isolation††		(Adequate side ward accommodation).							
8. Maternity¶	2	—	—	40	34	—	—	40	34
9. Mental	2	10	11	10	7	—	—	20	18
(a) Lunacy Act, 1890.									
(i) Short stay§		—	—	—	—	—	—	—	—
(ii) Long stay‡		—	—	—	—	—	—	—	—
(b) Mental Treatment Act, 1930		Not accommodated in this Institution.							
(i) Voluntary									
(ii) Temporary									
10. Mental defectives		Accommodated in Boundary House Institution.							
11. Other.		—	—	—	—	—	—	—	—
<b>TOTAL</b>	<b>11</b>	<b>111</b>	<b>93</b>	<b>131</b>	<b>110</b>	<b>70</b>	<b>55</b>	<b>312</b>	<b>258</b>

3 and 9 are wards structurally sub-divided.

\* If not classified as in Table, the wards used for more than one class of patient should be grouped. Cots in adult wards should be entered in column 7; children in adult wards (whether in beds or in cots) in column 8. Cots and infants in maternity wards should, however, be excluded.

† Patients needing hospital treatment because they are suffering from some chronic disease; also aged infirm persons whose medical and nursing needs approximate to those of chronic patients.

†† Reserved specifically for the isolation and treatment of infectious diseases, including puerperal sepsis.

¶ Exclusion of isolation and labour beds.

§ See sections 20 and 21 of the Lunacy Act, 1890.

‡ See sections 24 to 26 of the Lunacy Act, 1890.

### Statistics relating to the year ended 31st December, 1936.

#### (A) IN-PATIENTS.

1. Total number of admissions (including infants born in hospital)...	3,294
2. Number of women confined in hospital ... .. (Plus 26 confined before arrival).	562
3. Number of live births ... .. (Plus 27 born before arrival).	533
4. Number of still births ... .. (Plus 1 born before arrival).	27
5. Number of deaths among the newly-born (i.e., under four weeks of age)* ... ..	22

6. Total number of deaths among children under one year (including those given under 5) ... ..	39
7. Number of Maternal deaths among women admitted to hospital for confinement ... ..	2
8. Total number of deaths ... ..	470
9. Total number of discharges (including infants born in hospital)...	2,838
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods—	
(a) Under four weeks ... ..	2,493
(b) Four weeks and under thirteen weeks ... ..	671
(c) Thirteen weeks or more ... ..	144
11. Number of beds occupied(excluding cots in maternity wards)—	
(a) Average during the year ... ..	236
(b) Highest (on 25th February, 1936) ... ..	293
(c) Lowest (on 10th September, 1936) ... ..	180
12. Number of surgical operations under general anæsthetic— (Excluding Dental Operations) ... ..	611
Local and Spinal Anæsthetic ... ..	181
13. Number of abdominal sections ... ..	130
* This figure should relate only to children born in hospital.	

### Age Groups of Deaths.

Under one month ... ..	22
Over 1 month and under 1 year ... ..	17
1 year—10 years ... ..	1
10 „ —20 „ ... ..	13
20 „ —30 „ ... ..	17
30 „ —40 „ ... ..	20
40 „ —50 „ ... ..	34
50 „ —60 „ ... ..	80
60 „ —70 „ ... ..	106
70 „ —80 „ ... ..	120
Over 80 ... ..	40

### (B) OUT-PATIENTS.

- Certain cases attend after discharge for continuation of treatment, such as dressings, massage, re-examination, etc. Emergency treatment is given to accidents occurring in the locality.  
Cases from the Tuberculosis Clinic previously X-rayed as out-patients are now done at the Tuberculosis Clinic. An Orthopædic Massage Clinic held here temporarily has now been transferred to central accommodation in the town.
  - Total number of persons seen in the out-patient department : 1,391
  - Number of these persons who were subsequently admitted for in-patient treatment in the Institution : 560.
  - Number of these persons who had received in-patient treatment in the Institution : 253.
  - Total number of attendances in the out-patient department : 4,125.
  - Ante-Natal Clinic. The total number of expectant mothers seen and the total number of attendances : 745 women made 4,402 attendances.
- Post-Natal Clinic.—The total number of women seen and the total number of attendances : 80 women made 86 attendances.



**(C) Classification of In-patients who were discharged from or who died in the Institution during the year ended 31st December, 1936.**

DISEASE GROUPS.	Children under 16 years of age.		Men and Women.	
	Dis- charg'd	Died.	Dis- charg'd	Died.
A. Acute infectious disease (1) ...	38	—	18	—
B. Influenza (2) ... ..	3	—	30	5
C. Tuberculosis—				
Pulmonary ... ..	1	—	33	29
Non-Pulmonary ... ..	6	2	7	6
D. Malignant disease ... ..	—	—	31	65
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever), together with sub-acute rheumatism and chorea ...	6	1	7	—
(2) Non-articular manifestations of so-called “rheumatism” (muscular rheumatism, fibrositis, lumbago and sciatica)...	1	—	13	—
(3) Chronic arthritis ... ..	—	—	37	4
F. Venereal disease ... ..	—	—	5	—
G. Puerperal pyrexia ... ..	—	—	17	1
H. Puerperal Fever—				
(a) Women confined in the hospital	—	—	—	—
(b) Other cases ... ..	—	—	2	1
I. Other diseases and accidents connected with pregnancy and childbirth ... ..	4	25	62	3
J. Mental diseases—				
(a) Senile Dementia ... ..	—	—	17	4
(b) Other ... ..	3	—	67	2
K. Senile decay (3) ... ..	—	—	35	85
L. Accidental Injury & Violence (4)	14	—	65	15
In respect of cases not included above :—				
M. Disease of the Nervous System and Sense Organs ... ..	19	—	91	18
N. Disease of the Respiratory System ... ..	86	10	101	33
O. Disease of the Circulatory System	4	—	188	79
P. Disease of the Digestive System...	80	6	159	33
Q.     “     “     Genito-urinary     “	7	—	94	26
R. Disease of the Skin ... ..	58	—	48	—
S. Other diseases ... ..	89	4	65	13
T. Mothers and infants discharged from Maternity Wards and not included in the above figures—				
Mothers ... ..	1	—	674	—
Infants ... ..	551	—	—	—
U. Any person not falling under any of the above headings ... ..	1	—	—	—
*TOTALS ...	972	48	1866	422

\*These figures should agree with those shown under 8 and 9 of Table II (A).



- (1) Including—with the exception of Acute Primary and Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia and Puerperal Fever—all generally notifiable diseases, together with Measles, German Measles, Chickenpox Whooping Cough and Mumps. Cases of Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia, Puerperal Fever and Acute Primary Pneumonia will be recorded respectively under Groups B, C, G, H and N; cases of Encephalitis Lethargica should be entered under Group A if acute and under Group M if chronic.
- (2) Including Acute Influenzal Pneumonia.
- (3) To be confined to cases and deaths in which no more specific diagnosis was practicable.
- (4) Including suicides, attempted suicides and poisoning cases.

(COPY).

Form M.C.W. 96a.

**County Borough Council of Derby.****MATERNITY AND CHILD WELFARE.****Return relating to Maternity Hospitals and Homes maintained or subsidised by the Council during the year 1936.**

1. Name and address of Institution : CITY HOSPITAL, DERBY.
2. Number of maternity beds in the Institution (exclusive of isolation and labour beds) : 40.
3. Number of Maternity Cases admitted during the year : 704.
4. Average duration of stay : 14 days.
5. Number of cases delivered by—
  - (a) Midwives : 515 (plus 26 born before arrival).
  - (b) Doctors : 47.
6. Number of cases in which medical assistance was sought by a midwife in Emergency : For Mother 170, for Baby 24.
7. Number of cases notified as—
  - (a) Puerperal Fever : 3. All unbooked cases and admitted some days after delivery.
  - (b) Puerperal Pyrexia\* : 17—8 unbooked.
8. Number of cases of Pemphigus Neonatorum : Nil.
9. Number of infants not entirely breast-fed while in Institution : 60.
10. (a) Number of cases notified as Ophthalmia Neonatorum : 5 (including 1 case born at home).
  - (b) Result of treatment in each case :—  
 Condition in each case satisfactory on discharge.  
 One admitted when 13 days old after birth at home.

---

\*i.e., rise of temperature to 100·4o F. for 24 hours, or its recurrence within that period.

11. (a) Number of maternal deaths : 4.
- (b) Cause of death in each case—

*Booked.* 1. Thrombosis Saphenous vein. Embolism of inferior Vena Cava. 5 weeks after labour.

- Booked.* 2. Cerebral Thrombosis. Left hemiplegia atheroma of Aorta.  
6 months pregnant undelivered.
- Unbooked.* 3. General peritonitis. Puerperal Fever. Admitted 13 days  
after labour.
- Booked.* 4. Pyelitis of Pregnancy. Collapsed and died unexpectedly  
9 hours after labour. ? Embolus.

12. (a) Number of infant deaths—

- (i.) Stillborn : 28.
- (ii.) Within 10 days of birth : 22.

(b) Cause of death in each case and results of post-mortem examination  
(if obtainable)—

Stillbirths. Obstructed labour, 6 ; Toxæmia of Pregnancy, 7 ; Mon-  
strosities, 2 ; Congenital Abnormalities, 4 ; Prematurity, 2 ; Acci-  
dental Hæmorrhage, 4 ; Prolapse of cord, 2 ; Placenta prævia, 1.

Deaths within 10 days. Prematurity, 5 ; Dystocia, 3 ; Congenital  
Abnormalities, 6 ; Toxæmia of Pregnancy, 3 ; Prolapse of cord, 1 ;  
Placenta Prævia, 2 ; Hydramnios, 1 ; Maternal Heart Disease, 1.

## MESSAGE DEPARTMENT.

Number of Treatments : 5,316.

Massage	...	...	...	...	2,215
Electrical	...	...	...	...	852
Ultra Violet Light	...	...	...	...	956
Infra Red Light	...	...	...	...	1,293

## X-RAY DEPARTMENT.

Total number of examinations : 1,208.

Alimentary System (oesophagus, stomach, intestines, gall bladder)	...	...	174
Genito Urinary System	...	...	54
Respiratory System	...	...	579
Bones and Joints	...	...	340
Maternity	...	...	51
Miscellaneous	...	...	19

## DENTAL DEPARTMENT.

The number of patients is given under each heading.

Total	...	...	...	620
Extractions—under gas	...	...	...	376
—under local	...	...	...	119
Fillings	...	...	...	12
Sealing, etc.	...	...	...	98
Dentures and Repairs	...	...	...	15

**PATHOLOGICAL DEPARTMENT.**

Total number of investigations : 2,731.

**EXAMINATION OF BLOOD.**

Blood Counts	...	...	...	...	790
Blood Calcium Estimation	...	...	...	...	9
Blood Sugar Estimation	...	...	...	...	386
Blood Urea Estimation	...	...	...	...	327
Blood Cultures	...	...	...	...	16
Blood Grouping	...	...	...	...	45
Widal Tests	...	...	...	...	5
Van den Bergh reaction	...	...	...	...	7
Miscellaneous	...	...	...	...	9
					<hr/>
Total	...	...	...	...	1,594

**EXAMINATION OF URINE.**

General Examination	...	...	...	...	395
Miscellaneous	...	...	...	...	16
					<hr/>
Total	...	...	...	...	411

**EXAMINATION OF CEREBRAL SPINAL FLUID.**

Total	...	...	...	...	69
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**EXAMINATION OF GASTRIC CONTENTS.**

Fractional Test Meals	...	...	...	...	99
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**EXAMINATION OF SWABS.**

Cervical	...	...	...	...	30
Eye	...	...	...	...	26
Nasal	...	...	...	...	6
Throat	...	...	...	...	163
Urethral	...	...	...	...	16
Vaginal	...	...	...	...	30
Pus from various sites	...	...	...	...	72
Pleural Fluid	...	...	...	...	31
Fæces	...	...	...	...	90
Sputum—Special tests	...	...	...	...	18
					<hr/>
Total	...	...	...	...	482

**MICROSCOPICAL SECTIONS.**

Total	...	...	...	...	76
					<hr/>
					2,731



In addition to the above, which are carried out in the hospital laboratory, there are many hundreds of tests carried out elsewhere by arrangements.

Examination of Sputum and Throat Swabs at Borough Isolation Hospital Laboratory.

Wassermann Reactions at County Council Laboratory.

Ascheim zondek test for Pregnancy at Edinburgh University.

The work of the hospital shows a steady increase.

Comparative figures for 5 years are as follows :—

	1931.	1936.
Number of Patients Admitted ...	1,948	3,294
„ „ Births ... ..	155	588
„ „ Operations ... ..	470	792
„ „ X-Ray Examinations	998	1,208
„ „ Massage Treatments ...	2,593	5,316
„ „ Dental Cases ... ..	240	620
„ „ Pathological Examinations	535	2,731

(Copy).

Form Hosp. 7.

## **TREATMENT OF CANCER.**

### **County Borough Council of Derby.**

1. Names of Hospitals\* belonging to the Council, to which cancer patients are admitted: City Hospital, Derby.

Nature of facilities for cancer treatment (operative, radiation†) available in these hospitals: Surgical treatment; medical and nursing attention for advanced cases; Radon obtained for suitable cases.

Which, if any, of these hospitals have out patient departments? City Hospital. Out-patient attendances consist of continuation treatment or observation of cases discharged.

2. What arrangements have been made by the Council, under a specific agreement or otherwise, for treatment at other hospitals of cancer patients for whom adequate treatment facilities are not available in the Council's Hospital(s) ?

Arrangements are in force whereby any patient likely to obtain benefit from radium or deep X-ray therapy is transferred without fee to the Derbyshire Royal Infirmary. In some cases deep X-ray treatment is given as out-patients.

\* Including all Institutions of the Council used for the accommodation of the sick.

† "Radiation" is intended to include treatment by radium, by deep X-rays, or by both.

I.			II.			III.		
Patients admitted after previous advice or treatment at another hospital providing radiation as well as operative treatment.			Patients admitted after previous advice or treatment at another hospital providing operative but not radiation treatment.			Patients admitted without previous advice or treatment at another hospital.		
Total Number—36.			Total number —?			Total number—60.		
SITES.	Treated at that hospital.		Not treated at that hospital.			Numbers referred for advice and/or treatment to:—		
	(a) Numbers retained in Council's hospital.	(b) Numbers referred for advice and/or treatment to a hospital providing radiation treatment.†	(a) Numbers retained in Council's hospital.	(b) Numbers referred for advice and/or treatment to a hospital providing radiation treatment.†		(a) Numbers retained in Council's hospital.	(b) Numbers referred for advice and/or treatment to:— (1) Hospital providing operative treatment. (2) Hospital providing radiation as well as operative treatment.†	
Uterus ... ..	9	—			All cases of cancer likely to receive benefit from further treatment are seen by the radio-therapist who is also the radio-therapist at the Royal Infirmary. He arranges for treatment if suitable. Of 60 cases during 1936, 12 received treatment. Many were too advanced or otherwise unsuitable.	2	—	1
Tongue and Mouth	6	—				5	—	1
Breast ... ..	5	—				5	—	3
Lip ... ..	1	—				3	—	—
Skin ... ..	—	—				—	—	—
Larynx ... ..	—	—				1	—	1
Bladder ... ..	—	—				2	—	—
Rectum ... ..	4	—				8	—	1
Other sites ... ..	11	—				34	—	5
TOTAL ... ..	36	—				60	—	12

† Those cases in which the radio-therapist gives advice or treatment within the Council's hospital should be included in the (b) columns of II. and III. but excluded from the (a) columns.





vii.--SANITARY  
CIRCUMSTANCES OF THE AREA.

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REPORTS BY

MR. H. J. MORGAN, Chief Sanitary Inspector,

AND

MR. J. McCLEMONT, M.R.C.V.S., Veterinary Inspector (Part-time).

## SANITARY CIRCUMSTANCES OF THE AREA.

*TO THE MEDICAL OFFICER OF HEALTH*

*FOR THE COUNTY BOROUGH OF DERBY.*

I beg to submit to you my Annual Report on the Sanitary Circumstances of the Borough for the past year—1936.

### SANITARY INSPECTION OF THE TOWN.

I wish again to draw attention to the inadequate staff necessary for the duties imposed on me. The number of staff is much below the Ministry standard, and, in addition, whilst disinfection is in operation, two of those Inspectors are on that duty and not available for the ordinary health services of the town; the new Housing Acts imposed a further strain on our resources and the four Housing Inspectors were taken from their very vital work to assist on the new measures, added to these troubles the constant changes in the staff are very detrimental to the efficiency of the working of the Department.

### INSPECTIONS AND NOTICES.

#### Informal Action.

During the year, 2,411 Preliminary Notices were served to abate nuisances under the Public Health Acts or Local Acts, and 361 under Section 17 of the Housing Act, 1930.

#### Legal Action.

During the year, 93 Statutory Notices were served to abate nuisances under the Public Health Acts or Local Acts, and 75 under Section 17 of the Housing Act, 1930.

#### Visits and Remedies.

During the year, 15,987 visits under the Public Health Acts or Local Acts, and 9,202 under the Housing Acts, were made.

The nuisances abated and the defects remedied will be found on pages 163, 164 and 165.

#### Closet Accommodation.

With the exception of 41 trough closets, three waste water-closets, 77 tub-closets, 7 privies, 10 cesspools, and one chemical closet, the whole of the Borough is fitted with water-closets.

#### Common Lodging Houses.

Number on Register	...	...	...	...	...	...	...	10
Number of Rooms registered for Sleeping	...	...	...	...	...	...	...	75
Number of Lodgers provided for	...	...	...	...	...	...	...	425
Notices and Cautions given in respect of Breaches of the Acts and								
Bye-Laws	...	...	...	...	...	...	...	28

Again I have to remark that there is not now in Derby any house which is registered for the accommodation of married couples and children, and it is essential that the wants of such should be catered for. The older houses are gradually being done away with, and the houses that look like retaining their licences for a long period are gradually being brought up to modern requirements.

These registered houses are used only by the very poorest classes and serve a very essential purpose in the life of a community to-day.

There are in other towns Hostels owned by Municipalities, but they cater, in comparison with those houses I have spoken of, for a person of far better circumstances. The two kinds each serve their own purpose, but both are essential.

### Houses Let in Lodgings.

Number on Register	...	...	...	...	...	...	...	18
These contain 93 rooms and have accommodation for 191 adults and 30 children.								

Notices and Cautions given to Landlords and Lodgers for various offences under the Bye-Laws	...	...	...	...	...	107
---	-----	-----	-----	-----	-----	-----

Confusion has existed in some minds between a House Let in Lodgings and a Common Lodging House, yet they are utterly dissimilar.

A House Let in Lodgings in an ordinary way can be described as one which has been split up into different apartments or lettings, several complete families occupying one house, and the furniture, such as it is, supplied by a "landlord" in an inclusive rent.

Again I bring to your notice that not one of the existing registered houses comply with the Local Byelaws in their essential features, and again I wish to remark that all such houses that are on our register should cease to exist, for the Sanitary condition of them has always appalled me. Valiant efforts are being made to get a semblance of cleanliness to them, but such places—known, of course, in all towns—must be wiped away. I feel it one of the greatest disgraces to our work that we are compelled by force of circumstances to acknowledge their existence. I appeal once more for a municipally-owned House Let in Lodgings (furnished) something on the style of your Exeter House, suitable for the absolute poverty-stricken people needing such apartments.

It is well known that a large number of big houses in the town are being let off in this way, detrimental, of course, to the neighbourhood, and I patiently await the time when I can end this misuse of good-class property.

During the year, 11 houses have been closed and turned into private houses, but do not be deceived—the persons or families have removed into unregistered houses, some in the very best districts.

There is still a great demand for this class of lodgings, which is often greater than the supply.

These rooms are now occupied by pensioners, travelling hawkers, and young couples wanting a private house.

### Offensive Trades.

On Register at beginning of year	...	...	...	...	...	21
On Register at end of year	...	...	...	...	...	21
Workshops	...	...	...	...	...	13
Factories	...	...	...	...	...	8



## LIST OF OFFENSIVE TRADES IN THE BOROUGH.

Bone Calcining	...	...	...	...	...	...	1
Bone Boiling	...	...	...	...	...	...	1
Gut Scraping	...	...	...	...	...	...	2
Hide and Skin Marts	...	...	...	...	...	...	2
Skin Curing	...	...	...	...	...	...	1
Blood Drying	...	...	...	...	...	...	1
Soap Boiling	...	...	...	...	...	...	1
Tripe Boiling	...	...	...	...	...	...	4
Dealers in rags, bones, and skins	...	...	...	...	...	...	4
Fat melting or extracting	...	...	...	...	...	...	2
Tallow Melting	...	...	...	...	...	...	1
Tanners and Leather Works	...	...	...	...	...	...	1
Total...							21

No byelaws exist for the regulation of these trades, but continuous inspection is made. The one great offensive trade business that this town has suffered from during so many years has been equipped with new patented plant and the nuisance is now practically reduced to nil except for breakdown or for the opening of digesters.

**Factories and Workshops.**

The following are the Tables of action taken and work done.

**INSPECTIONS.**

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

PREMISES.	NUMBER OF		
	INSPIC- TIONS.	WRITTEN NOTICES.	PROSE- CUTIONS.
Factories (including Factory Laundries) ... ..	27	1	...
Workshops (including Work- shop Laundries) ... ..	106	1	...
Workplaces (other than Out- Workers' Premises) ...	14	...	...
Totals ... ..	147	2	...

## DEFECTS.

PARTICULARS.	NUMBER OF DEFECTS.			NUMBER OF PROSE- CUTIONS.
	FOUND.	REME- DIED.	RE- FERRED TO H.M. INSP.	
Nuisances under the P.H. Acts				
Want of Cleanliness ...	13	6	...	...
Want of Ventilation ..	...	...	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors	...	...	...	...
Other Nuisances ... ..	6	4	2	...
Sanitary Accommodation—				
Insufficient ... ..	...	...	...	...
Unsuitable or defective ...	5	5	...	...
Not separate for sexes ..	...	...	...	...
Offences under the F. & W. Act				
Illegal occupation of under- ground bakehouse (S.101)	...	...	...	...
Other offences ... ..	...	...	...	...
Total ... ..	24	15	2	...

**Inspections, etc., of Workrooms where women and young persons are employed.**

Workrooms on Register at beginning of year	...	...	...	31
Added during the year ... ..	...	...	...	—
Removed during the year ... ..	...	...	...	—
Workrooms on Register at end of 1936	...	...	...	31

**Inspections of Out-Workers or Home-Workers.**

Pursuant to Section 107 of the Factory and Workshop Act, 1901, 42 lists of out-workers have been received from various firms in Derby. Of the out-workers, 40 were engaged in net-mending, 27 in altering, making or finishing wearing apparel, and 2 making surgical bandages. Three lists have been received from other Councils giving three names of out-workers employed by firms in their districts who reside in Derby, and 31 lists with 150 names have been forwarded to Councils in whose areas out-workers employed by Derby firms reside.

During 1936, visits were made to the homes of these out-workers by the Female Sanitary Inspector. As a result of these visits, no verbal notices nor written notices were given or served.

The principal industries are net-mending and making or finishing wearing apparel, and the general character of the work repairing. The numbers are on the decrease.

**Registered Workshops.**

Workshops ... ..	191
Bakehouses—Workshops ... ..	25
Do. —Factories ... ..	31
Workshops where females and young persons are employed ...	35
	<hr/> 282 <hr/>

**Public Conveniences.**

All the conveniences used by the Public throughout the town, whether situated in the Market Place or Parks, were inspected regularly by members of the staff, male and female, and were found invariably without complaint.

**CANAL BOATS ACT, 1884.**

Annual Report for 1936, in accordance with Section 3 of the Canal Boats Act, 1884.

**COUNTY BOROUGH OF DERBY.**

1. Inspector and Salary ...	Chief Inspector and Assistant. No salary allocated.
Address ... ..	1, Derwent Street, Derby.
2. Boats inspected ... .. 17	Visits to Canal ... .. 119
3. Infringements of Acts and Regulations :—	
(a) Registration ... .. 0	(j) Provision of water vessel 1
(b) Change of Master ... .. 0	(k) Removal of bilge water ... 0
(c) No Certificate on Board 0	(l) Notification of infectious disease ... .. 0
(d) Absence of Marking ... .. 0	(m) Admittance of Inspector ... 0
(e) Overcrowding ... .. 0	(n) Boats found in bad repair ... .. 1
(f) Separation of Sex ... .. 0	
(g) Cleanliness ... .. 0	
(h) Ventilation ... .. 0	
(i) Painting ... .. 1	
4. Legal Proceedings ... ..	None.
5. Other steps taken ... ..	None.
6. Cases of Infectious Disease dealt with ... ..	None.
7. Detention of boats for cleansing and disinfection ... ..	None.
8. Number of boats on Derby Register at end of year 1936... ..	
(a) Number of boats believed to be in use or available ... ..	5
Number of boats propelled by motor ... ..	0
(b) Number of boats that cannot be traced ... ..	8
Removed from Register ... ..	0
9. Number of boats registered during 1936 :—	
(a) Motor propelled ... ..	0
(b) Horse drawn ... ..	0

One certificate certifying cause of complaint remedied received during the year.

No certificates outstanding at end of the year.



## SMOKE ABATEMENT.

Number of chimneys of which observations have been taken	...	...	11
Number of observations ...	...	...	46
Visits to Works ...	...	...	31

As a result of a series of interviews with Works Managers and Firemen in various factories where excessive smoke was being sent out, there has again been improvement.

## MILK.

The efforts to obtain a good supply of milk for Derby have again been strenuously maintained.

Three firms are now equipped for the receiving, pasteurising, bottling and retailing of milk, and another firm is completing its plant.

The effect of the "Accredited Scheme" for milk supply has acted like magic to produce a clean milk supply. All cattle under this scheme are branded and numbered by this staff and proper registers of history kept.

The whole of the cows of the town (317) were inspected at least four times in the year by the Corporation Veterinary Surgeon, whose report follows later.

### Dairies, Cowsheds and Milkshops.

#### PURVEYORS INSIDE THE BOROUGH—

Number of dairymen and purveyors by round ...	...	...	42
Number of retail roundsmen working from other dairies	...	...	35
Number selling loose milk from shops	...	...	52
Number of bottled milk sellers ...	...	...	285
Number of factory dairies ...	...	...	8
Cowkeepers within the Borough ...	...	...	11
			433

#### PURVEYORS OUTSIDE THE BOROUGH—

Registered Retail Purveyors residing outside the Borough	...	...	65
Number of Farmers sending Milk into Derby	...	...	227
Pasteurisation Factories in the Borough	...	...	3
Number of Local Farmers supplying Grade A "Accredited Scheme" milk	...	...	5

### Examination of Milk for Tubercle Bacilli.

The number of samples examined was 205. The milk from 9 farms was found to contain tubercle bacilli, and in 12 cases the infected animals were found and slaughtered.

The action of the County Authorities in appointing further Veterinary Assistance for this work is having a satisfactory result.

### Clean Milk and Bacterial Count.

84 samples of milk were examined during the year as shown on the form on page 147. The attention of all farmers concerned has been drawn to unsatisfactory milks,

## Milk and Dairies Order, 1926.

The report from the Veterinary Surgeon is interesting, very much more so to me as he reiterates what I have repeatedly said, that a cowshed need not necessarily be fitted with Dutch tiles and silver-plated stall divisions to obtain clean milk.

Report by Mr. J. McCLEMONT, M.R.C.V.S., Veterinary Inspector (Part-time) :—

During the past year, the incidence of Tuberculosis has not shown any alarming increase. During that time we have encountered a number of varied cases, but these were promptly dealt with under the Tuberculosis Order. We have, besides the quarterly inspections, pursued the policy of collecting samples for laboratory purposes, unremittingly. Collection of bulk samples from the different herds, especially those under our jurisdiction within the Borough, I regard as a valuable asset in the work as it not only reveals the disease where the eye may be "baffled," but also enables us to keep a finger on the pulse of Tubercular incidence existing from time to time. The diagnostic importance of sputum collecting in addition to that of milk is a high one, provided the material to be examined is free from confusion and can be guaranteed to originate from the cow under suspicion. Several owners of herds during the past year have considerably rejuvenated their herds by the substitution of young heifers for older worn animals. This substitution is a policy which we have considerably preached on our visits, on the grounds that old cows are more subject to infection and attack.

I have fallen somewhat of late into disagreement with the ordinary method of herd inspection. That duty as ordinarily practised consists of taking a comprehensive view of the animals, noting the general condition and appearance of the eyes, enquiring as to the existence of diarrhoea, cough, or too frequent œstral periods, observing any tendency to hidebinding, etc. At the same time, the udder is manipulated for clinical phenomena. It seems to me that the auscultation of lungs ought to be carried out in each individual case, as by that means trace of the disease may be found where no suspicious appearances meet the eye. The principal objection to it is the expenditure of time entailed, and where large numbers of herds have to be examined, the procedure may be impossible of accomplishment.

I am, however, convinced of its value and intend, despite the time it will occupy, to follow it in the future amongst Borough herds.

The cleanliness of the milk within the Borough is well maintained and brings that commodity well within the categories of "clean" and "accredited." It has to be emphasised that producers controlled by the Borough Authority qualify for the accredited scheme and maintain their position within it without the assistance of a steriliser. I am led to believe that in the profundity of their wisdom, the County Authority refuse licences under the Scheme until a steriliser is an accomplished part of the milk apparatus on a prospective producing farm.

The Laboratory figures which we receive regarding the cleanliness of milk would, when examined, seem to indicate that the production of clean milk is not dependent on a steriliser, and that some personal attention on the part of the milkers to hygienic principles and to udder toilet is the all-important factor. We have insisted on improved cleanliness in the cow-

Number of Organisms per 1 c.c.													
Bacillus Coli	Under 30,000	30,001 to 40,000	40,001 to 50,000	50,001 to 100,000	100,001 to 150,000	150,001 to 200,000 Grade 'A'	200,001 to 300,000	300,001 to 400,000	400,001 to 500,000	500,001 to 750,000	750,001 to 1,000,000	Over 1,000,000	Total
Negative	28	4	7	4	2	—	—	—	2	—	—	—	47
Positive ...	1	1	—	2	2	—	1	—	1	—	—	—	8
Total ...	29	5	7	6	4	—	1	—	3	—	—	—	55

Not included in above table :—

Pasteurised 17  
Certified 12  
Grade A ...  
—  
29+55=84.

Total number of above samples within "Grade A" standard = 45 or 81.82%.  
51 samples had a count less than 200,000, but 6 of these contained B. Coli.



sheds, on the observance of hand washing, washing of udders, use of milking smocks, thorough rinsing and purification of milking utensils, pails, churns, etc., and the result has been very satisfactory. The returns as received from the laboratory show a bacterial count well below the established figures of the Accredited Scheme. I do not suggest that sterilisers are superfluous or unnecessary in all cases, they are for instance quite useful appliances where milking is carried out by machines, but from the data in our possession it can be asserted that clean milk can be produced by hand milking, given the observance of hygienic principles.

When results such as are presented to us can be achieved by the cleanliness only, then to a reasonable mind it would seem an unnecessary expense to insist on the installation of an expensive plant, particularly in these days of agricultural depression.

I have, without expense to the Committee, in some cases reverted to the expedient of the Tuberculin Test as an aid in reasonable valuations. Amongst owners of cattle, one of which has been found affected with Tuberculosis and against which the provisions of the T.B. Order are in force, there is a tendency in some cases to exaggeration in value, and to expect a good sound cow, or its equivalent for the one condemned, in other words—"new lamps for old." One finds in such condemned animals that instead of the disease detracting from its value, it rather confers on it qualities of an almost peerless kind. We are regaled with a wonderful milking record and are informed that even in her diseased state the cow is giving a good quantity daily, the price of which will be lost. The moral aspect of liberating tubercular milk for sale does not in the majority of cases operate, although some producers bear in mind their responsibility to the community. Most producers, however, assist in the elimination of such condemned animals once they are satisfied that the disease exists. I have found, however, that in those cases where the presence of Tuberculosis can be demonstrated, valuations are more easily negotiated and the expense of official valuers reduced to a minimum. I have performed in such instances the most spectacular of the Tuberculin Tests, viz.: the Intradermal, and, by this means, show the disease to be demonstrable. For instance, this week I had dealings of a valuation nature with one owner who, on observing the phenomena of the above test, lowered his valuation of his cow from £20 to £12—a much more appropriate one.

With milk which is undergoing laboratory examination for identification purposes, it has been now arranged that the yield from the herd, until the offending animal has been discovered, shall be subjected to sterilisation, or rather, Pasteurisation. This is a procedure which one of our councillors, to his credit be it said, has advocated for some considerable time.

Before concluding, I should like to mention the dislike amongst stock owners in general to the system of compensation adopted under the Tuberculosis Order, viz.: one-quarter the valuation in badly, and three-quarters in slightly affected animals.

To make a certain valuation of an animal as required by the Order, which value shall be its market one, and then as compensation to give only one-quarter of that is both confusing and disappointing to an owner. I believe such a system encourages owners to place exaggerated prices upon their animals and it also, I think, encourages them to keep on milking cows which otherwise might be reported and removed. As matters stand, to place a

certain valuation on an animal by mutual agreement and then to give probably a quarter of that amount, is apt to create in the mind of the owner that in some fashion he has been the object of dishonesty and unfair dealing.

If a cow be proved to be a menace to a community, she ought to be valued as a menace, and not as a marketable animal. It is little difference what degree of Tuberculosis exists within the cow, provided it is proved dangerous to health, that is the crucial point, not the extent of infection. Other factors could be taken into consideration—her condition; her future lactation possibilities for the current milking period, but, above all, her dangerous character to milk consumers. Were a certain value fixed and given as compensation instead of the present proportional system, reporting of suspects would be voluntarily performed, there would be less confusion in the mind of the farmer, and he would be more satisfied that he had been afforded a square and upright deal.

### County Laboratory Examinations.

T.B. Negative	...	...	...	...	...	...	183
T.B. Positive	...	...	...	...	...	...	12
Streptococci :—							
Positive...	...	...	...	...	...	...	1
Negative	...	...	...	...	...	...	2
Guinea Pig died before result was obtained	...	...	...	...	...	...	4
Para-typhoid, etc.	...	...	...	...	...	...	3
Total							205
<hr/>							
Microscopic examinations :—							
Negative	...	...	...	...	...	...	39
Positive...	...	...	...	...	...	...	1
Total							40
<hr/>							

### FOOD-PREPARING PREMISES.

Food-preparing Places on Register at end of year	...	174
Defects found and remedied	... ..	21

The supervision of premises where the cooking and manufacture of food-stuffs is carried on has systematically taken place by the staff during the year.

These inspections included restaurants, food stores, pork butchers, shops where food is cooked, and beef butchers' shops where the preparation and filling of sausage takes place.

Again progress has been made in Fried Fish Shops with regard to new hygienic cooking replacing the old type that so often caused a nuisance in the vicinity.

### ICE CREAM MANUFACTURERS AND DEALERS.

Regular inspections of the premises and processes of manufacture were made, as also of retailers in the street.

On Register at end of year	...	...	...	...	...	182
Notices complied with	...	...	...	...	...	1



**BAKEHOUSES.**

Number of Bakehouses in occupation at end of year :—

Factory	...	...	...	...	...	...	...	...	31
Workshop	...	...	...	...	...	...	...	...	25
									—
									56

						Factories.	Workshops.
Defects found during year	...	...	...	...	...	16	1
Defects remedied during year	...	...	...	...	...	15	1
Notices served...	...	...	...	...	...	6	—

**HOUSES OF ENTERTAINMENT.**

These have had many inspections at the request of the Estates Committee and appear satisfactory now, except in the Sanitary arrangements of one and the ventilation of two others, which defects I hope will shortly be remedied.

**PUBLIC HOUSES.**

At the request of the Licensing Magistrates and the Public Health Committee, I had to report on the sanitary condition of the Public Houses in the town. This was done, and with the necessary influence behind them, the owners set about putting their houses in order.

The good work and the great amount of alterations taking place is very satisfactory indeed.

**RIVERS POLLUTION.**

I believe that our brooks, through long insistence by this Department, are now free from pollution, except in one case, which cause I trust will shortly be removed.

The following information is supplied by Mr. E. H. BENNETT, Borough Surveyor :—

“It is anticipated that the Main Drainage Scheme which has just been commenced, and which it is estimated will be completed in approximately five years, will minimise the number of occasions on which pollution of brook-courses will take place.

“The extension of the Sewage Works at Spondon recently carried out, provided for five additional storm pumps ; these pumps reduce the amount of heading up in the Main Intercepting Sewers in times of heavy rain, and therefore, to some extent reduce the number of occasions on which storm overflows operate in the upper regions of these sewers.”

**RENTS RESTRICTION.**

During the year only two certificates were issued.

**MEAT INSPECTIONS.**

During the year, 268 carcasses of beef were condemned, and included in these were 139 cows slaughtered under the Tuberculosis Order, 1925, as suffering from tuberculosis, and found, on post mortem examination, to be in advanced state of that disease. The carcasses were totally condemned.

There have also been condemned 6 carcasses of veal, 15 bodies of mutton, and 16 carcasses of pork.



### Disposal of Condemned Meat.

During the year the whole of the meat and offals was disposed of for treatment for the recovery of fats, bones and meat, and their preparation for commercial purposes. The remainder of the unsound food was sent for destruction.

### Unsound Food Condemned.

64 tons, 16 cwts. Meat, including offal.  
 250 Rabbits.  
 11 cwts. of Fish.  
 249 Tins of Food.  
 2 tons, 1 cwt. Fruit and Vegetables.

### Slaughter-Houses.

At the end of year 1936 :—

In hands of private holders	...	...	...	...	...	23
Corporation houses let to private tenants	...	...	...	...	...	16
Corporation houses used as public	...	...	...	...	...	1
Visits of inspection—7,291.						

### Public Abattoir.

Slaughtering at the Corporation Houses is under the direct control of the Health Department.

## SLAUGHTER OF ANIMALS ACT, 1933.

### Slaughtermen's Licences.

204 licences were issued during the year to butchers slaughtering within the Borough of Derby.

With few exceptions, every endeavour appears to have been made by the persons holding licences to strictly adhere to the requirements of the above Act.

## FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The following is the summary by the Borough Analyst (Mr. R. W. Sutton, B.Sc., F.I.C.) for the year 1936 :—

During the year, 280 samples were submitted under the above Act, consisting of 207 formal samples and 73 informal samples.

Of the samples submitted, 32 (or 11.4%) were classed as adulterated or below standard. This figure is higher than last year, when 27 of the 311 samples (8.7%) were returned as adulterated, and is also higher than the return of 5.5% adulteration for the whole of the samples taken in England and Wales for the year 1935—the last year for which figures are available.

The increased figure for percentage adulteration for the year 1936 is accounted for in the milk samples, and is due to a high rate of adulteration returned for two of the quarters when, in investigating two particular cases of adulteration, proceedings were instituted in respect of eleven samples containing extraneous water.

The figures may be compared with those obtained for other large areas in England for the year 1935.

The various articles are listed in the following table and details are given of the number of samples found to be adulterated :—

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adul- terated.</i>
Beer ... ..		6	6		
Borax ... ..		2	2		
Butter ... ..	9		9		
Coffee ... ..		2	2		
Coffee & Chicory ...		1	1		
Condensed Milk ...		16	16		
Crystallized Fruits ...		1	1		
Dried Fruits :—					
Apricots ... ..		1	1		
Fruit Salad ... ..		1	1		
Prunes ... ..		1	1		
Sultanas ... ..		1	1		
Glycerine ... ..		3	3		
Jelly ... ..		3	3		
Lard ... ..	6		6		
Lemon Cheese ... ..		1	1		
Margarine ... ..	13		13		
Milk ... ..	172	11	183	31	16.9
Mincemeat ... ..		3	3		
Oatmeal ... ..		3	3		
Paraffin, Medicinal ...		3	3		
Pears ... ..		1	1		
Quinine, Ammoniated					
Tincture of ... ..		2	2		
Sauce ... ..		3	3		
Seidlitz Powders ... ..		2	2		
Sweets ... ..		2	2		
Tinned Foods :—					
Apricots ... ..		1	1		
Peas ... ..		3	3		
Whisky ... ..	7		7	1	14.3
	207	73	280	32	11.4

In addition to the 31 milks in column 5 of the above table, 5 samples were found to be of slightly inferior quality—2 being slightly deficient in fat and 3 being slightly deficient in non-fatty solids. Application of the Freezing Point Test indicated that the 3 samples deficient in non-fatty solids were probably genuine.

The average composition of all milks examined during the year is as follows :—

Non-fatty solids ... ..	8.64 per cent.
Fat ... ..	3.55 per cent.
Total solids ... ..	12.19 per cent.

The table below gives details of those samples classed as adulterated or not up to standard.

<i>Article and Serial Number.</i>	<i>Formal or Informal.</i>	<i>Nature of Adulteration.</i>	<i>Observations.</i>
Milk No. 814	Informal	4% Fat Deficient	
„ 836	Formal	5% „ „	
„ 849	„	About 1—2% of Extrane- ous Water	Mixed milk from retailer
„ 850	„	About 5% of Extraneous Water	
„ 866	Informal	22% Extraneous Water	} Taken in course of delivery to ven- dor of 849
„ 867	„	22% „ „	
„ 868	„	22% „ „	
„ 869	„	20% „ „	
„ Z.792	Formal	24% „ „	} Follow informal samples Nos. 866 —869. £40 fine, £9 14s. 0d. costs
„ Z.793	„	17% „ „	
„ Z.794	„	24% „ „	
„ Z.795	„	22% „ „	
„ 896	„	11% Fat Deficient	
„ 902	„	About 13% Excess Water	} £110 fine, £34 14s. 5d. costs
„ 903	„	„ 12% „ „	
„ 904	„	„ 11% „ „	
„ 905	„	„ 10% „ „	
„ 906	„	„ 10% „ „	
„ 907	„	„ 11% „ „	
„ 908	„	„ 14% „ „	
„ 909	„	„ 13% „ „	
„ 910	„	„ 11% „ „	
„ 911	„	„ 15% „ „	
„ 912	„	„ 15% „ „	
„ 914	„	4% Fat Deficient	
„ 955	„	About 1% Extraneous	
„ 956	„	„ 1% „ (Water	
„ 962	„	„ 1% „ „	
„ 978	„	4% Extraneous Water	
„ 982	„	About 2% Extraneous	
„ 1155	„	„ 2% „ (Water	
Whisky No. 837	„	13% Excess Water	£2 fine, 10s. 6d. costs

### Milk Samples.

The percentage of adulteration in the milk samples (16.9) is appreciably higher than last year (10.6) and is considerably in excess of the figure returned by the Ministry of Health for all samples taken in England and Wales, namely, 7.4 per cent. As indicated above, this abnormally high figure may be largely attributable to the fact that 15 samples were taken in investigating two



particular cases of adulteration. Proceedings were instituted, and substantial fines were obtained in both these cases.

Of the 31 samples returned as adulterated or not up to standard, 4 were deficient in fat and the remaining 27 contained extraneous water.

### **Samples other than Milk.**

One sample of whisky was found to contain an excessive amount of water, being 43.5 degrees under proof.

### **Preservatives.**

All appropriate samples were examined for the presence of preservatives, and in all cases were found to conform with the Preservatives in Food Regulations.

## **FERTILIZERS AND FEEDING STUFFS ACT, 1926.**

The samples examined under the above Act during the year 1936 consisted of the following articles :—

Cotton Cake	...	...	...	...	...	...	3
Dairy Meal	...	...	...	...	...	...	1
Dairy Nuts	...	...	...	...	...	...	1
Fattening Nuts	...	...	...	...	...	...	1
Feeding Nuts	...	...	...	...	...	...	1
Grass Nuts	...	...	...	...	...	...	1
Ground Oats	...	...	...	...	...	...	6
Flamaize	...	...	...	...	...	...	1
Linseed Cake	...	...	...	...	...	...	2
Maize Meal	...	...	...	...	...	...	2
Milk Nuts	...	...	...	...	...	...	1
Cannock Fertilizer	...	...	...	...	...	...	1
"Clays" Fertilizer	...	...	...	...	...	...	1
Sangral	...	...	...	...	...	...	1
							—
							23
							—

Four of the samples of Ground Oats were adulterated, containing substantial amounts of rye flour or middlings, together with additional oat husk.

### **Public Health (Condensed Milk and Dried Milk) Regulations, 1923 and 1927.**

16 samples were taken, all of which were correctly labelled, and, upon analysis, proved to be in accordance with the requirements of the Condensed Milk and Dried Milk Regulations, 1923 and 1927.

### **ARTIFICIAL CREAM ACT, 1929.**

So far as can be ascertained, no artificial cream is on sale in Derby.

### **Public Health (Preservatives in Food) Regulations, 1925 and 1927.**

During the year, 172 samples of milk and 37 samples of various other articles of food were examined and found to comply with the regulations.

### MERCHANDIZE MARKS ACT, 1926.

During the year, traders have kept well up to the requirements of the Act with regard to the marking of Imported Foodstuffs.

In cases where contraventions have occurred, the attention of the trader has been drawn to the matter, and the goods have been marked forthwith.

No prosecutions have been instituted during the year.

### MICE AND RATS (DESTRUCTION) ACT, 1919.

Mr. E. A. HORNSBY, Officer under the Destructive Insects and Pests Acts, reports that :—

The last twelve months was a busy period in connection with the Rats and Mice Destruction Act, particularly at the Cattle Market. It will be noticed that a large number of rats have been caught at the premises of the Derby Butchers, Ltd. in the Cattle Market.

It is impossible, owing to the nature of the work carried on at this factory, to keep the rats away entirely, but representations have been made to the management to prevent the accumulation of bones, etc., and so minimise the trouble.

Visits have been made to other Corporation premises, the prevalence of rats being kept down fairly well. Poison has been laid and the gassing apparatus used.

The sewers of the town were thoroughly combed during Rat Week, viz. : week commencing 2nd November, and one special visit was made to the sewers in Brook Street owing to complaints made.

The number of visits and rats caught at Corporation premises were as follows :—

<i>Place.</i>	<i>Visits.</i>	<i>No. of Rats.</i>
Alvaston Lake and Tip ... ..	6	47
Alfreton Road Tip ... ..	6	17
Boundary House ... ..	5	4
City Hospital ... ..	3	nil
Cattle Market ... ..	31	136
Derby Butchers, Ltd. ... ..	4	187
Hide and Skin Market ... ..	2	26
Ford Street Yard Kennels ... ..	1	2
Mental Hospital ... ..	4	38
Municipal Golf Course ... ..	1	3
Derby School ... ..	2	2
Brighton Road School ... ..	1	nil
St. Peter's, Devonshire Street ... ..	1	nil
Dykes back of Uttoxeter and Manor Roads ... ..	1	nil
Markeaton Brook and Recreation Ground ... ..	2	15

Three visits were made to the Normanton Barracks and 22 rats caught.

A larger number of complaints from private residences, etc., including Corporation houses, were received. 187 visits were made and 180 rats were caught. In some cases, poison was laid and advice given as to the further suppression.

## **TUBERCULOSIS ORDER.**

Mr. E. A. HORNSBY, the Markets Superintendent, reports that :—

During the twelve months ended 31st December, 1936, 8 cows, all in milk, were taken and slaughtered from farms within the Borough.

2 suspected of suffering from Tuberculosis of the udder.

1 giving Tubercular milk.

2 Tuberculous emaciation.

3 with chronic cough and showing definite clinical signs of Tuberculosis.

The Post Mortem examinations confirmed the suspicions of Tuberculosis in all cases and were affected as follows :—

2 animals T.B. of the udder, one in an advanced stage and one not advanced.

1 animal giving T.B. milk—not advanced.

2 T.B. emaciation—not advanced.

3 with chronic cough, etc.—2 advanced and 1 not advanced.

Three of the cases were reported by the owner, two found when inspections were made under the Milk and Dairies Order and in three cases Tubercular Bacilli were found in the milk samples.

### **Tubercular Cattle in Market.**

19 animals were prevented from being sold in the market, compared with 30 last year, and dealt with as follows :—

Seven were sent back to the farms from which they came, and 11 were sent to the Knackers Yard, Stores Road, Derby, and one to the Corporation Slaughterhouse, Cattle Market, the owners exercising their option of having them slaughtered.

Nine were cows in milk, one being suspected of Tuberculosis of the udder, one Tubercular emaciation, and seven chronic coughs, etc.

Ten cows not in milk, two suspected of Tubercular emaciation and the other eight with chronic cough, etc.

## **WATER SUPPLY.**

Mr. T. B. FARRINGTON, Water Engineer, reports as follows :—

“ Various extensions in connection with building operations have been made to existing water mains.

The supply of water has been satisfactory, both in quality and quantity.

I also append copy of the last analysis of water made by the Borough Analyst :—



The following are the results of analysis of the three samples of water received from you on the 22nd July, 1936 :—

				<i>Mixed Water High Service.</i>	<i>Mixed Water Low Service.</i>	<i>Supply in Town.</i>
pH Value	...	...	...	7.3	7.3	7.3
PARTS PER 100,000.						
Total Solid Matter	...	...		18.0	24.7	14.2
Volatile Matter	...	...	...	3.3	4.7	2.2
Mineral Residue	...	...	...	14.7	20.0	12.0
Nitrogen as Free and Saline						
Ammonia	...	...	...	0	0	0
Nitrogen as Albuminoid Ammonia	...	...	...	0.0006	0.0004	0.001
Nitrogen as Nitrates	...	...	...	0	0	0
Chlorine	...	...	...	1.6	1.7	1.35
Oxygen absorbed in 4 hours at 80°F.	...	...	...	0.093	0.016	0.094
Hardness	Temporary	...	...	7.4	10.4	5.9
	Permanent	...	...	3.8	5.1	3.4
	Total	...	...	11.2	15.5	9.3
Metals	...	...	...	Nil	Nil	Nil
Appearance in 2ft. Tube	...	...	...	Clear	Clear	Clear

#### MINERAL ANALYSIS.

Silica	...	...	...	0.64	0.74	0.54
Oxides of Iron and Alumina	...	...	...	0	0	0
Lime, CaO	...	...	...	4.96	6.59	4.07
Magnesia, MgO	...	...	...	0.93	1.59	0.77
Sulphuric Anhydride, SO <sub>3</sub>	...	...	...	3.10	4.14	2.84

The acids and bases may be combined to give the following probable composition :—

Calcium Carbonate	...	...	...	7.4	10.4	5.9
Calcium Sulphate	...	...	...	2.0	1.9	1.8
Magnesium Sulphate	...	...	...	2.8	4.7	2.3
Sodium Sulphate	...	...	...	0.2	—	0.4
Sodium Chloride	...	...	...	2.6	2.8	2.2
Silica	...	...	...	0.6	0.8	0.6

These three samples were clear and practically colourless.

The analytical results show the presence of only traces of organic matter and there is no indication of the occurrence of pollution.

As a result of Chemical Analysis, I am of the opinion that these waters are of satisfactory quality for drinking purposes and for domestic use.

(Signed) R. W. SUTTON,  
*Borough Analyst.*

#### Supply.

Number of gallons of water supplied to Derby from Public Supply (Derby Water Area, which includes Borough and various Parishes outside)	...	...	...	...	...	2,147,499,000
Gallons per day per head of population	...	...	...	...	...	31.21
Percentage of total quantity from the Derwent Valley Supply	...	...	...	...	...	66%

#### Used during the year.

							<i>Gallons.</i>
Sewer Flushing	...	...	...	...	...	...	2,727,218
Street Watering	...	...	...	...	...	...	675,558
Steam Rolling	...	...	...	...	...	...	167,050

**HOUSING.****Action under the Housing Acts.**

At the end of last year a census was begun of the houses and occupants of the town to find, if possible, the number of overcrowded houses. Certain instructions were given by the Ministry of Health for the purpose and a temporary staff of fifteen was employed in addition to the four housing Inspectors. The work took about six months to complete and it was found that of a census of 35,523 houses, some 362 were apparently overcrowded.

The particulars were put on a specified form, supplied to the Ministry and circulated to the members of the Council.

Later in the year, on the appearance of the New Act, the staff was again reorganised, the temporary staff, that had meanwhile stood off, taken on again and measurements of all rooms undertaken so that the position could be made sure. So far this has proved that the original estimate, based on the census, was slightly wrong, but the work is still progressing.

A summary of the representations by the Medical Officer of Health and the results are appended to the usual Ministry of Health form on pages 160 and 161 in a paragraph "G. Extra."

**Housing Statistics.****1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR.**

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	1,835
(b) Number of inspections made for the purpose ...	11,202
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which are inspected and recorded under the Housing Consolidated Regulations, 1925 ...	442
(b) Number of inspections made for the purpose ...	9,202
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation... ..	6
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	1,608

**2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	1,447
--	-------

**3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—****A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—**

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	65
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners ... ..	41
(b) By local authority in default of owners ... ..	4

## B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	154
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—			
(a) By owners	...	...	—
(b) By local authority in default of owners	...	...	—

## C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	—
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	117
(3) Undertaking fulfilled	...	...	...	6

## D.—Proceedings under Section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	...	...	—

## Proceedings under Section 3 of the Housing Act, 1925 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—				
(a) By owners	...	...	...	—
(b) By local authority in default of owners	...	...	...	—
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close...	...	...	...	—

## F.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of dwelling-houses in respect of which Closing Orders became operative	...	...	...	—
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	...	...	...	—
(3) Number of dwelling-houses in respect of which Demolition Orders became operative	...	...	...	—
(4) Number of dwelling-houses in pursuance of Demolition Orders	...	...	...	—



G (Extra).

## Representations to Committee by Medical Officer of Health

(Secs. 1 and 19) ... .. 1,312

## Areas :—

(a) No. of areas submitted to Ministry	...	...	...	...	19
No. of houses affected	...	...	...	...	489
Excluded from areas by Ministry of Health	...	...	...	...	27
No. of houses demolished	...	...	...	...	305
Houses closed but not yet demolished	...	...	...	...	91

## Individual Unfit Houses :—

Demolition Orders made and served	...	...	...	614
Notices not yet served	...	...	...	36
Undertakings accepted...	...	...	...	170
Notices served under Section 20	...	...	...	3
Total				823

Houses demolished	...	...	...	364
Undertakings fulfilled	...	...	...	37
Parts of Buildings closed (Section 20)	...	...	...	3
Houses closed but not yet demolished	...	...	...	195

## Removals from Condemned Houses :—

By the Corporation	...	...	...	704
Found own Accommodation	...	...	...	279

## EXTRACT FROM THE QUARTERLY PROGRESS REPORT TO THE MINISTRY.

POSITION AT 31ST DECEMBER, 1936.

1.	Number of Dwelling-houses demolished.		Number of Dwelling-houses made fit. 4.	Number of Persons displaced.	
	Unfit Houses. 2.	Other Houses. 3.		From Demolish'd Houses. 5.	To Abate over-crowding. 6.
Under Part I. of the Act of 1930—					
(A) Clearance Areas :—					
(i.) Land col. Pink ...	305	—	—	} 1251	—
(ii.) Land col. Grey ...	—	4	—		
(B) Improvement Areas.	Houses closed but not yet demolished—91				

1.	Number of Dwelling- houses Demolished (Sec. 19).	Parts of Buildings Closed (Sec. 20).	Number of persons dis- placed from Houses in Cols. 2 & 3 (Sec. 19 & 20)	Number of Dwelling- houses made fit (Secs. 17 to 20).
	2.	3.	4.	5.
Under Part II. of the Act of 1930— (c) Insan. houses not included in Clearance Areas or Imp. Areas ... ..	364	3	1,451	1,195
	Houses closed but not yet demolished—195.			

Item (c) is to be completed by ALL housing authorities, the word "NIL" being inserted where appropriate. \* IN ADDITION to the action reported above:—

- (i.) 12 insanitary houses have been demolished in anticipation of formal procedure under Section 19.
- (ii.) 8 insanitary houses have been closed (but not demolished) on an undertaking (which has not been cancelled) of the owner under Section 19.
- (iii.) 5,727 houses have been made fit as result of informal notice preliminary to formal notice under Section 17.

### Fitness of Houses and Re-Conditioning.

The 1930 Act, in defining a house fit for human habitation, says that regard shall be had, amongst other things, "to the general standard of housing accommodation in the district." For all future purposes, and to emphasise the "standard" that exists in this district, figures are appended. They are a summary of the main items reported year by year since 1920, when operations first began under repair sections of the Housing Acts, and are culled from Annual Reports since that date. They are as follows:—

Houses made fit in all respects (including all amenities— coppers, sinks, water on sinks, larders, and all repairs) ...	10,660
Entirely new sinks provided where none existed before ...	1,639
Old sinks replaced by new... ..	2,766
Houses dampcoursed ... ..	2,741
Roofs, floors, firegrates, stairs, walls, etc., repaired ...	42,089
Wash coppers provided where none existed before ...	1,106
Wash coppers repaired ... ..	1,410
Larders provided where none existed before ...	2,589
Water laid on inside houses ... ..	1,825

In addition to vast numbers of other repairs, and not including the enormous figures detailed as done under the Public Health Acts.

A very small percentage of houses now exist without the usual amenities, and these mostly are in that class of house which are scheduled to be made the subject of representations at some future date.

The work of this department ever since 1919 has been concentrated on the strong use of the repair sections of the 1919, 1925 and 1930 Acts, and the whole basis of the operations were the splendid suggestions contained in the Ministry of Health's Manual of Unfit Houses and Unhealthy Areas, 1919.

The subjoined figures were contributed by the Estates Manager :—

Houses erected during the year 1936, January—December :—

(a) By Local Authority	...	...	...	...	...	...	158
By other bodies and persons	...	...	...	...	...	...	620
By other Local Authorities	...	...	...	...	...	...	Nil
							<hr/> 778 <hr/>

(b) With State assistance under the Housing Acts :—

By the Local Authority	...	...	...	...	...	...	158
For purposes of Part 2 of 1925 Act and Housing Act, 1930...							158
For purposes of Part 3 of 1925 Act	...	...	...	...	...	...	Nil
For other purposes	...	...	...	...	...	...	Nil
By other bodies and persons	...	...	...	...	...	...	Nil
Number of houses owned by the Local Authority on weekly rental	...	...	...	...	...	...	6,217
Being purchased on instalment system	...	...	...	...	...	...	190
Held under Part 3 of Housing Act, 1925	...	...	...	...	...	...	4,545
Held under Part 2 of Housing Act, 1925, and Housing Act, 1930...							740
Held under Housing Act, 1919	...	...	...	...	...	...	729
Held under Housing Act, 1923	...	...	...	...	...	...	189
Non-Assisted Scheme...	...	...	...	...	...	...	14

Houses built in last two years :—

Held under Part 3 of Housing Act, 1925.

Built during 1935	...	...	...	...	...	...	Nil
Built during 1936	...	...	...	...	...	...	Nil

Held under Part 2 of the Housing Act, 1925, and under Housing Act, 1930 :—

Built during 1935	...	...	...	...	...	...	162
Built during 1936	...	...	...	...	...	...	158
Held under other Powers	...	...	...	...	...	...	—

There is still a shortage for small type houses to let at not more than 10/- per week and schemes are now in the course of preparation to meet this demand.

There are no special difficulties in the way of providing suitable sites for new houses.

### Re-Housing and Dis-infestation.

The old offices in Ford Street are still in use as a disinfecting station, but plans have been prepared for as good a station as could be wished for, and it is hoped that the year 1937 will see it in operation. All the goods and chattels of the dispossessed tenants from condemned property are collected, disinfested, and removed to the new house in a state perfectly free from vermin. I need not go into the details of our process except to state that the gas HCN is used. Whilst I am on the subject of verminous furniture and houses, the work of ridding existing tenanted houses of the pest is assuming large proportions, and soon it will be found necessary to give expert help to those tenants and landlords who wish it.

Houses of Furniture, etc., disinfested	...	...	...	797
--	-----	-----	-----	-----



There was a great slowing up of the re-housing, only 120 families being moved during the year.

Might I again draw your notice to the extraordinarily large number of people who have found their own accommodation. Where did they go and why?

Certain works have had to be done in default of the owners :—

#### SECTION 17, HOUSING ACT, 1930.

26, 28, 30, 32, Drewry Lane ... .. Repairs.

#### DEMOLITIONS UNDER SECTION 19, HOUSING ACT, 1930.

1, 2, 3, 4, 5, in Court 1, Litchurch Street.

1, 2, 3, 4, in Court 3, John Street.

1, 2, 3, 4, 5, 6, 7, 8, in Court 5, John Street.

1, 2, in Court 11, Bridge Gate.

1, 2, in Court 5, Hope Street.

1, Court 6, Hope Street.

1, Back 73, Nuns Street.

7, 8, 9, 10, 11, 12, 13, in Court 1, Haarlem Street.

1, 2, in Court 3, Haarlem Street.

10, Bleach Yard, Nuns Street.

The following is a summary of the activities carried out with the power of Section 17 of the Housing Act, 1930 :—

#### Section 17, Housing Act, 1930.

Number of houses inspected	...	...	...	...	...	443
Number of houses dealt with	...	...	...	...	...	335
Number of preliminary notices served	...	...	...	...	...	361
Number of re-inspections	...	...	...	...	...	9,202
Number of houses made "fit in all respects" or "Re-conditioned"	...	...	...	...	...	1,195

#### DEFECTS REMEDIED.

Dustbins	...	...	...	Provided	...	...	...	39
Drains	...	...	...	Cleansed	...	...	...	11
				Repaired	...	...	...	—
				Renewed	...	...	...	13
				Trapped	...	...	...	1
Soilpipes and Vents	...	...	...	Repaired or renewed	...	...	...	17
Spouting	...	...	...	Cleansed	}	...	...	224
				Repaired		...	...	
				Renewed	...	...	...	27
				Disconnected from drain	...	...	...	10
Spouting	...	...	...	Rainwater pumps repaired...	...	...	...	1
				Rainwater pumps removed	...	...	...	48
				Rainwater cisterns filled in or demolished	...	...	...	60
				Rainwater pipes disconnected	...	...	...	158

Houses	...	...	...	Dampcoursed and made dry	...	176
				Cleansed, &c.	...	1
				Overcrowding prevented	...	—
				Paving of yards, etc., repaired	...	307
				Roofs repaired	...	172
				Floors repaired	...	620
				Walls—brickwork and pointing		
				made good	...	960
				Doors repaired	...	118
				Windows repaired	...	571
				Stairs repaired	...	390
				Firegrates repaired	...	254
				Plaster repaired	...	394
				Rooms ventilated	...	169
				Washing accommodation provided		29
				Wash-houses repaired	...	11
				Washcoppers repaired	...	78
				Sinks—New, provided	...	27
				Renewed	...	110
				Wastepipes—Repaired or renewed		141
				Provided	...	27
				Provided with food stores	...	80
				Efficient lighting provided	...	3
				Chimneys rebuilt or repaired	...	434
Water	...	...	...	Town water provided	...	33
				Service pipes or taps repaired	...	4
W.C.'s	...	...	...	Additional provided	...	—
				Fittings repaired or cleansed	...	161
				Flushing water laid on	...	—
				Repaired, rebuilt or cleansed	...	167
Outbuildings—Complaints removed	...	...	...			35
Other nuisances or defects abated or remedied	...	...	...			23
Total						6,104

## WORK DONE UNDER PUBLIC HEALTH AND ALLIED ACTS, OTHER THAN HOUSING ACTS.

### Defects Remedied.

Accumulations	...	...	(Offensive) removed	...	...	51
Animals	...	...	Removed	...	...	16
			Nuisances abated	...	...	12
Ashpits	...	...	Demolished	...	...	—
			Repaired	...	...	23
			Dustbins provided	...	...	1,450
Drains	...	...	Cleansed	...	...	554
			Repaired	...	...	19
			Reconstructed	...	...	56
			Traps fixed	...	...	45
			Provided	...	...	13
			Disconnected from sewer	...	...	20
			Ventilation shafts fixed	...	...	21
			Manholes provided	...	...	23
			Manholes repaired	...	...	7
W.C.'s	...	...	Additional provided	...	...	18
			Fittings repaired	...	...	258
			Flushing water laid on	...	...	67
			Repaired	...	...	57
			Rebuilt	...	...	10
			Cleansed	...	...	43
Privies and			Converted to W.C.'s	...	...	2
Tub Closets	...		Demolished	...	...	5

Soilpipes...	...	...	Cleansed	...	...	...	...	5
			Repaired	...	...	...	...	6
			Provided	...	...	...	...	—
Urinals	...	...	Provided	...	...	...	...	3
			Repaired	...	...	...	...	—
			Reconstructed	...	...	...	...	—
Sinks	...	...	Provided	...	...	...	...	10
			Repaired	...	...	...	...	15
			Renewed	...	...	...	...	73
Wastepipes	...	...	Provided	...	...	...	...	64
			Repaired	...	...	...	...	38
			Cleansed	...	...	...	...	2
			Disconnected from drain	...	...	...	...	—
			Efficiently trapped	...	...	...	...	—
Spouting	...	...	Cleansed	...	...	...	...	140
			Repaired	...	...	...	...	104
			Renewed	...	...	...	...	96
			Provided	...	...	...	...	27
			Disconnected from drain	...	...	...	...	25
			Soft water pumps repaired	...	...	...	...	4
			Soft water pumps removed	...	...	...	...	19
			Soft water cisterns filled in	...	...	...	...	19
			Soft water cisterns cleansed	...	...	...	...	6
Houses	...	...	Cellars cleansed	...	...	...	...	43
			Cleansed, limewashed, etc.	...	...	...	...	30
			Dampcoursed and made dry	...	...	...	...	60
			Overcrowding prevented	...	...	...	...	—
			Paving of yards and passages repaired...	...	...	...	...	175
			Roofs repaired	...	...	...	...	245
			Floors repaired	...	...	...	...	140
			Walls repaired	...	...	...	...	69
			Stairs repaired	...	...	...	...	15
			Windows repaired	...	...	...	...	222
			Firegrates repaired	...	...	...	...	127
			Plaster repaired	...	...	...	...	150
			Rooms ventilated	...	...	...	...	6
Manure	...	...	Accumulations removed	...	...	...	...	27
			Pits abolished	...	...	...	...	1
			Pits repaired	...	...	...	...	—
			Moveable receptacles provided	...	...	...	...	10
Stables	...	...	Cleansed	...	...	...	...	2
			Drained	...	...	...	...	—
			Re-paved	...	...	...	...	—
Water	...	...	Wells closed	...	...	...	...	2
			Wells filled in	...	...	...	...	1
			Town water provided	...	...	...	...	17
			Fittings repaired	...	...	...	...	48
Other nuisances or defects remedied	...	...	...	...	...	...	...	185
Common lodging houses...	...	...	...	...	...	...	...	21
Houses let in lodgings	...	...	...	...	...	...	...	75
Dairies, Cowsheds and Milkshops	...	...	...	...	...	...	...	31
Bakehouses	...	...	...	...	...	...	...	20
Food-preparing premises	...	...	...	...	...	...	...	20
Factories and Workshops	...	...	...	...	...	...	...	23
Shops Acts	...	...	...	...	...	...	...	24
								5,215
Smoke Observations	...	...	...	...	...	...	...	46
Slaughterhouses—Contraventions	...	...	...	...	...	...	...	41
Merchandise Marks Act—Contraventions	...	...	...	...	...	...	...	6
								5,308



**POLICE COURT PROCEEDINGS.**

<i>Charge</i>	<i>Result.</i>
Milk not of the nature, substance and quality demanded.	Case withdrawn.
Exposing unsound meat for sale and depositing unsound meat for sale.	Fined £3 on each count.
Milk not of the nature, substance and quality demanded.	Fined £10 on each charge and costs £9 18s. 6d.
Selling diluted whisky	Fined £1.
Selling diluted whisky by the hand of his wife.	Fined £1 and 10s. 6d. costs.
Contravention of the Housing Act—re-letting house after Demolition Orders had been served.	Fined £2 and daily penalty 5s. so long as house is occupied.
Milk not of the nature, substance and quality demanded.	Fined £10 on each count—£110. Advocate's Fees—£10 10s. 0d. Special Costs—£23 10s. 0d. Witness' Fees £3 7s. 0d.

I finish as I began, appealing for a large increase in the staff, and an additional incentive in larger salary, as a bait to keep the Inspectors longer in service here.

I have to thank you, Sir, for the splendid help and cheer you have given me during the year, and with that feeling between us and the staff, the town's work is far better accomplished.

I am,

Yours faithfully,

HARRY J. MORGAN,

*Chief Sanitary Inspector.*